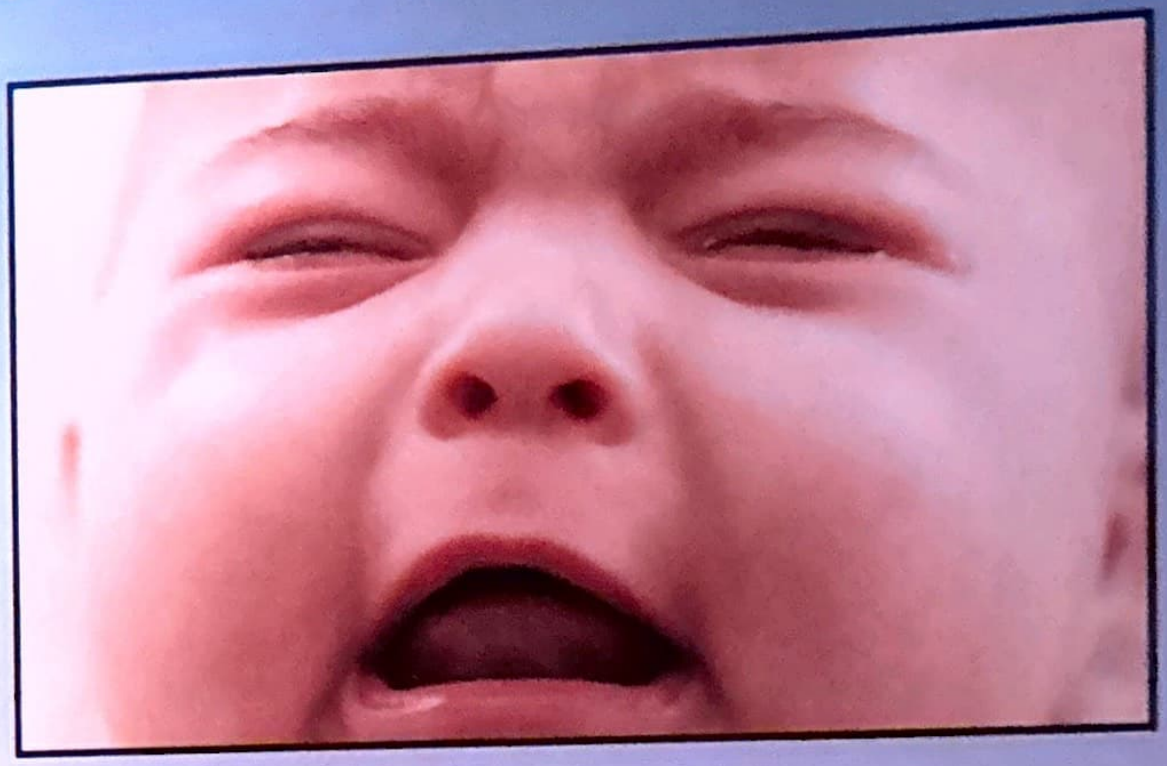
The "Circumcision" Decision: A Catholic Critique



David P. Lang

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Introduction

This book is an anthology of essays critiquing, from the theistic perspective of the natural moral law (specifically, what I take to be the Catholic interpretation of it), the non-therapeutic or elective "circumcision" of boys (whether infants or youths not old enough to give informed consent to the surgery). I surround the term "circumcision" with "scare quotes" on account of the equivocal meaning that it has acquired over the centuries. As each essay takes careful pains to explain, the modern version of this operation is *not* what was commanded in the Old Testament as an integral aspect of the Abrahamic-Mosaic covenant(s). The original rite consisted of merely a token removal (clipping) of the tip of the foreskin, whereas the procedure practiced after those Biblical times (mandated by rabbinical tradition and subsequently adopted by the modern medical establishment) has typically involved the amputation of the entire preputial sac, thus constituting (I argue) an ethically unjustifiable mutilation of normal, healthy, functional tissue.

Although I invoke accepted Catholic scholastic principles in my analyses, nevertheless the logic employed should be accessible to readers who are not Catholic. Indeed, many contemporary thinkers (parents of male children

or not) who adhere to other religions (whether Christian, Jewish, or perhaps even Islamic in some cases), as well as secularists who profess no religion, have been recently expressing skeptical questions about the default position of routinely subjecting youths (from infancy to adolescence) to what amounts to subtractive genital surgery.

Two of these four essays have never been published before, but the other two were previously published in two journals of ethics. I would like to acknowledge my gratitude to *Social Justice Review* for permission to include my article "Implicit Catholic Teaching against Non-therapeutic Child Circumcision", which appeared on pp. 53-56 of the March-April, 2011, issue (Vol. 102, No. 3-4), and to the *National Catholic Bioethics Quarterly* for permission to use my article "Elective Child Circumcision and Catholic Moral Principles", which appeared on pp. 99-128 in the Spring, 2012, issue (Vol. 12, No. 1).

The reader should be forewarned that the reasoning in at least two of these essays is somewhat complex, perhaps demanding some background in philosophical discourse or at least the willingness to plow through what may seem at times dense sentences and paragraphs.

Modern Elective Child Circumcision and Human Rights

Circumcision of both male and female youth has been practiced for millennia in various societies, mainly in Africa and the Middle East – regions where it persists unabated today (especially in Islamic countries, which boast a 100% rate for males). It is customarily performed either on pre-pubescent children or as a rite of passage into adolescence. With the exception of Jews, who typically carry out their ceremony on male newborns, routine infant circumcision (RIC) has been virtually non-existent in world history. Indeed, non-therapeutic male circumcision, accomplished using sophisticated surgical techniques in a hospital setting, is a recent phenomenon in the advanced nations of the nominally Christian West, affecting primarily English-speaking countries, particularly the United States.

According to Fleiss, "The traditional Western response to circumcision has been revulsion and indignation."[1] Continental Europeans (along with Latin Americans and non-Muslim Asians) generally view it as barbaric, an

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[1] Paul Fleiss, "The Case Against Circumcision", *Mothering: The Magazine of Natural Family Living*, Winter 1997: 36-45, www.mothersagainstcirc.org.

unthinkably bizarre operation for either gender. Most of the world (with notable exceptions in Africa and the Mideast) now regards female circumcision as heinous genital mutilation and has prohibited it – even in its mitigated form of simply removing the clitoral hood, which parallels male foreskin excision (called "posthectomy"). Nevertheless, a consensus had not emerged on male RIC until now, when an animus against it is coalescing in continental Europe (though still not in the USA).[2] In fact, for years a vigorous ongoing debate in English-language journals of medical ethics has pitted proponents and opponents of legalized elective child circumcision (ECC) for non-consenting boys.[3] Exacerbating the matter, a ruling by a German court (announced in late June 2012) engendered an eruption of outraged criticism on

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[2] Physicians and human rights groups in Denmark, other Scandinavian countries, and other European nations (such as Germany) are becoming ever more insistent that boys as well as girls should be protected from any non-therapeutic genital surgery, regarding it as a senseless mutilation and essentially independent of any concerns about religious liberty for the requesting parents. See, for example, http://cphpost.dk/news/circumcision-divide-between-denmark-and-israel.8440.html.

[3] For instance, see Michael Benatar and David Benatar, "Between Prophylaxis and Child Abuse: The Ethics of Neonatal Male Circumcision", *American Journal of Bioethics* 3.2 (Spring 2003): 35-48, along with the response by Peter Clark, "To Circumcise or Not to Circumcise?", *Health Progress* 87.5 (September-October 2006): 30-39.

the grounds that the decision violates religious liberty.[4] This is a tender area to be addressed later.

In the United States, the overall male circumcision rate was miniscule up to 1860, and ECC did not even begin to become widespread until the late 1800s. As the twentieth century wore on, however, the incidence of RIC rose dramatically, attaining a peak rate of 80% to 90% between the 1960s and the late 1970s. Initially, other Anglophone countries (such as England, Canada, and especially Australia) fell under the sway of what became a prevalent practice in the USA, but eventually their rates underwent a steep decline. By the beginning of the twenty-first century, the USA alone among the nations of Western Christendom could still claim a high RIC rate (i.e., over 50%).[5] While the dominant culture has induced US Christians to circumcise their *newborn* sons, in South Korea and the

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[4] "Regional Court Ruling Criminalizes Circumcision of Young Boys", http://www.loc.gov/lawweb/servlet/lloc_news?disp3_l205403226_text; http://jurist.org/paperchase/2012/06/germany-court-criminalizes-circumcision-of-minors.php.

[5] "Male circumcision: global trends and determinants of prevalence, safety and acceptability", *World Health Organization and Joint United Nations Programme on HIV/AIDS* (2007), 11, http://whqlibdoc.who.int/publications/2007/9789241596169_eng.pdf; also http://en.wikipedia.org/wiki/Prevalence_of_circumcision#United_States.

Philippines the rate for *older children* has climbed to over 90%.[6] Once this American "tradition" lasting merely one century had been established in the USA and certain countries experiencing its influence, it proved difficult to dislodge, entrenching itself in the mental fabric of these societies. (It has been claimed that between 2006 and 2009 the US male RIC rate dropped from 56% to 33%, but, even if this decrease is factual, the latter figure still represents annual non-therapeutic neonatal surgeries in the hundreds of thousands.[7] Contrary to this speculation, though, the Center for Disease Control has compiled extensive data showing that the rate of neonatal male circumcision over the

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[6] The American ideal of professional status symbolism has profoundly affected the traditional culture of South Korea, a conformist society now adhering to the American norm of circumcision. In the Philippines "circumcision" (or *tuli)* is, for the most part (with the exception of the Muslims), actually the indigenous custom of supercision – a very limited procedure in which a dorsal slit is made and the foreskin flaps are folded down, with a minimum of tissue removal. On days of mass "circumcision" (called "Operation *Tuli*") pre-adolescent boys submit themselves to a painful trial of manhood, lest they incur a non-conformist stigma and even social ostracism for being "*supot*" (a term having connotations of being effeminate and unclean /malodorous). See Leonard Glick, "Real Men: Foreskin Cutting and Male Identity in the Philippines", in *Circumcision and Human Rights*, ed. George Denniston, Frederick Hodges, Marilyn Milos (Springer Science, 2009), 155-174.

[7] Roni Caryn Rabin, "Steep Drop Seen in Circumcisions in U.S.", *New York Times*, August 16, 2010: D6, http://www.nytimes.com/2010/08/17/health/research/17circ.html?_r=4. Using recent data to dispute this claim, the present author has calculated the 2009 USA rate as still around 56-57%.

period from 1999 to 2010 is still quite high, between 56% and 59%.[8])

Why should anyone care one way or the other? The contention of this essay is that modern ECC is *not* a trivial matter, that it (literally) cuts to the very core of the personal dignity of the boy, and that it is therefore a basic human rights issue. In fact, it is objectively seriously unethical and should never have gained the almost hypnotic grip it has held over the past eleven decades on the minds of masses of well-intentioned but hoodwinked American parents, thanks to a confused cultural milieu (to be explored below).

Definitions of terms

To avoid misunderstanding, it is necessary to clarify the meaning of some key terms used here.

First, only the *objective* wrong of ECC (with its subordinate case of RIC) is at stake in this thesis. No accusation of subjective moral culpability is being leveled against the millions of parents who either ignorantly requested this operation for their sons or who themselves were victims of standard hospital policies that did not require parental consent. Nor are evil motives imputed to the physicians themselves, almost all

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[8] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6034a4.htm

of whom were taught in medical school nothing about the foreskin except how to remove it as something undesirable.

Second, it is **not** being maintained that all forms of circumcision in all circumstances are ethically reprehensible. Here the discussion centers solely on the *modern* form that is performed on *minors* (infants or older youth) after a *routine* (virtually automatic) *choice* for *non-therapeutic* (i.e., medically unnecessary) reasons.

Third, even the term "circumcision" itself is equivocal. Since it is easy to become confused and disoriented in this matter, it is important to grasp the crucial point that the modern form is **not** the same quasi-sacramental procedure as the one God commanded in Genesis 17 for Abraham and his male descendants. [9] People in general, both Jewish and Gentile, tend to believe that the modern operation *is* basically the same as the ancient ritual. They are therefore bewildered when a secular court of law would apparently infringe on religious liberty by handing down a verdict that seems to create an intolerable conflict between parental freedom and the right of a child to bodily integrity.

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[9] See, for example, James E. Peron, "Circumcision: then and now", Many *Blessings* III (Spring 2000): 41-42.

But in fact, as described in the Jewish Encyclopedia, there are two essentially distinct stages in cutting the male foreskin.[10] In biblical times the Abrahamic-Mosaic rite for infants typically involved merely the first stage, known as *milah*: excision of the overhang flap or tapered neck (*akroposthion*) of the prepuce. Though undoubtedly painful for the baby to feel (and for the father to watch), it was minimally invasive and drew only a little blood (perhaps merely some drops), which had a symbolic covenantal meaning.

Now, this relatively superficial cut was easy to conceal, as 1 Maccabees 1:16 (Douay-Rheims) implies: "They made themselves prepuces" (*preputia sibi fecerunt* in the old Latin translation of the Septuagint), in order to satisfy Greek standards of modesty at gymnasia. But there would have been no way that the Hellenizing Jews could so readily have reversed their circumcisions, if the amount of tissue remaining were not ample enough to restore normal appearance by simply stretching the skin forward. Circumcision in this attenuated manner prevailed among the Jews for centuries, well past

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[10] http://www.jewishencyclopedia.com/view.jsp?artid=514&letter=C&search=circumcision#1807#ixzz1IG15GA. See also "Style choices in relation to Religious Beliefs", http://www.circlist.com/styles/page3.html.

the time of the early Christian Church when the topic was disputed and the practice was finally disavowed, as recorded in the Acts of the Apostles and the Pauline epistles. The rabbis of that era, however, perceived "de-circumcision" as an impious repudiation of the Covenant and an intolerable betrayal of Jewish identity. In order to preclude it, around the middle of the second century they mandated the practice of a drastic second stage, called *periah* ("opening" or "uncovering"): the radical excision (by both cutting and tearing) of the prepuce with a resultant total denudation of the glans.[11]

Once again, to forestall the misfortune of any possible misunderstandings, it must be

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[11] Rosemary Romberg, *Circumcision: The Painful Dilemma* (Bergin & Garvey Publishers: 1985), 33-44; David Gollaher, *Circumcision: A History of the World's Most Controversial Surgery* (Basic Books: 2000), 6-17; Leonard Glick, *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America* (Oxford University Press: 2005), 43-54; see also Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (University of Chicago Press: 2005), 251. For further discussion of *periah*, see the entry "Brit Milah", http://en.wikipedia.org/wiki/Brit_milah#Uncovering.2C_priah. A detailed treatment of the complex history of the distinction between *milah* and *periah* is given in the extensive research article by Nissan Rubin, "Brit Milah: A Study of Change in Custom", in *The Covenant of Circumcision: New Perspectives on an Ancient Jewish Rite*, 2003, edited by Elizabeth Wyner Mark, 87–97, UPNE: https://books.google.com/books?id=nAfUF2_ClqgC&lpg=PP1&dq=circumcision%20new%20perspectives&pg=PA87#v=onepage&q=circumcision%20new%20perspectives&f=**false**.

stressed that no charge of injustice or deleteriousness is being alleged against the ancient Abrahamic-Mosaic rite of *brit milah*. What is being addressed here is the extreme extension of it into *periah* that was instituted many centuries later, for which there is no scriptural evidence of divine sanction (even transient). In fact, some contemporary Jewish people (beginning with partisans of the nineteenth century Reform movements in Germany), dismayed over the gory and intensely painful character of this traumatically invasive non-therapeutic surgery, have been questioning its ethical propriety. As a compromise, some Jewish parents have opted for a simple naming ceremony (*bris shalom*) with (at worst) a token incision to elicit a drop of blood.[12]

When the technologically developed British and American medical systems during the Victorian era started circumcising with efficiency thanks to progress in antisepsis, asepsis,

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[12] See Michael S. Kimmel. "The Kindest Un-Cut: Feminism, Judaism, and My Son's Foreskin", *Tikkun*, 16(3), May/June 2001. For other dissenting Jewish voices against the modern practice of circumcision, see Romberg, 33-85, 328-391; Glick, *Marked in Your Flesh*, 116-147; and Ronald Goldman, *Questioning Circumcision: A Jewish Perspective* (Vanguard Publications: 1997), whose fifth chapter recounts harrowing stories of Jewish parents who were close-up eyewitnesses of what really happens to a baby boy at a *bris*. See also his *Circumcision: The Hidden Trauma* (Boston: Vanguard Publications, 1997), 220-221, where he warns that thoughtful criticism of this ritual is not anti-Semitic, because even many Jews are debating its ethical status.

anesthesia, and surgical tools,[13] they adopted the "tight cut" of *periah*.[14] Albeit extensive, it itself admitted of *individual* degrees, some physicians skinning more than others. Along a spectrum of gradations in *specific* severity, it was clearly not as savage as the brutal mutilation executed on the genitals of both males and females by certain native African and Middle Eastern tribes as part of their rites of maturation[15] (though Moslem circumcision ordinarily involves only the more conservative *milah*[16]); however, it was now being done regularly on neonatal males, with the gullible Anglo-American public, always awed by the opinions of the "experts", readily assenting to this anatomical deformation of their sons. This modern version of complete circumcision (*periah*), defined by the American Academy of

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[13] Gollaher, 88-92, 96-98.

[14] Glick, *Marked in Your Flesh*, 165, 172-175, 182-183; Gollaher, 93-95.

[15] A particular method once used on Yemeni male candidates for marriage, called "subincision", which in effect inflicts mayhem, was (fortunately) very rare in the Mideast, but in South Africa in recent times there have still been a considerable number of annual deaths due to a formidable rite of passage imposed on adolescent males, for example among the Xhosa people (who are finally starting to protest the senseless tragedies).

[16] The Jewish Encyclopedia acknowledges that the severity in the amount of tissue cut distinguishes the mitigated Islamic version of circumcision from the more radical Jewish form: "No splitting ('peri'ah') is known to the Arabs." Also see Gollaher, 47. From Glick, "Real Men", 155-157, it can be inferred that the Filipino form (supercision) is even milder than the Islamic form (*milah*).

Pediatrics as "amputation of the foreskin",[17] is the focus of investigation here in relation to ECC.

Natural law arguments against ECC

From a purely natural moral law perspective it can be reasoned that ECC (hence RIC) violates fundamental ethical precepts. The following two principal arguments, which are independent of each other (someone could reject the reasoning of one while accepting the other one), are framed in syllogistic form.

First Argument: (A) Any procedure that seriously impairs the normal functioning of a healthy bodily organ without a proportionate justification is objectively immoral. (B) Now ECC is a procedure that seriously impairs the normal functioning of a healthy organ, and does so without proportionate justification (violating the fourth condition for applicability of the Principle of Double Effect). Therefore, ECC is objectively immoral.

Second Argument: (C) Any elective procedure that violates the natural physical integrity of an innocent human being without that person's consent is contrary to basic human rights and is thus objectively immoral. (D) Now ECC is

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[17] Task Force on Circumcision, American Academy of Pediatrics, "Circumcision Policy Statement", *Pediatrics* 103.3 (March 1999, reaffirmed September 2005): 686-693.

a procedure that violates the natural physical integrity of an innocent human being without that person's consent. Therefore, ECC is contrary to basic human rights and is thus objectively immoral.

The major premises (A and C) of both arguments should be fairly self-evident for those either with a Western theistic perspective or else from a tradition (perhaps Eastern) holistically valuing the dignity of human life. To amplify on the major premise (A) of the first argument, any procedure (broadly including a ceremonial rite having the same effect as a medical intervention) that thwarts (without an adequate countervailing purpose) the human physiology governed by the natural scheme of things (ultimately grounded in God), over which mankind has only stewardship rights and not autonomous control, infringes on the absolute authority of the Creator Who bestowed it for the human good. If God created a part of human anatomy, it is present for a good reason, and thus there is no rational purpose for its routine removal (absent medical indication). *A priori* it would conflict with the infinite divine wisdom for God to decree the continuing destruction of what is normally ordained for the regular activities of human creatures. Therefore, to cause deliberate unnecessary dysfunction to

someone's natural bodily apparatus is at bottom a defiant insult to the Creator.

For the major premise (C) of the second argument, any medically gratuitous disruption of the bodily wholeness of a non-consenting person who has committed no crime transgresses against the sacred dignity of that person as a spiritual being (made in the divine "image and likeness" according to Genesis 1:26-27), endowed with intellect and will, hence having dominion over his or her own choices and actions regarding their God-given body. This secondary proprietorship derived from the Lord of Life follows from the fact that all human beings have, along with the fundamental right to life emanating from the Creator, the basic right to preserve (so far as possible) their body in an intact state. Therefore, it is intrinsically wrong for someone else to deprive them of this integrity, especially without their consent.

Once these foundational assumptions (A and C) are granted, concentration can narrow on defending the minor premises (B and D) of both arguments.

First argument's minor premise

The minor premise (B) of the first argument contains two clauses (denoted by B_1 and B_2), each of which will be treated separately.

First (regarding B_1), ECC *does* seriously impair the normal functioning of a healthy organ. Why is that? All mammals, both male and female, are naturally endowed with a prepuce, a highly useful tubular sheath covering a portion of the reproductive tract – not an optional, superfluous, or vestigial accessory. Dr. Paul Fleiss elaborates:

> Every normal human being is born with a foreskin. In females, it protects the glans of the clitoris; in males, it protects the glans of the penis. Thus, the foreskin is an essential part of human sexual anatomy…. The foreskin is a uniquely specialized, sensitive, functional organ of touch. No other part of the body serves the same purpose.[18]

The foreskin is richly innervated, containing thousands of nerve endings, smooth muscle, an undersurface of mucous membrane (like the inner eyelids, the mouth's inner cheeks, the lips, and the anus), sebaceous glands, and a dense supply of blood vessels. In covering the glans and producing sebum, the foreskin "keeps its surface soft, moist, and sensitive", while maintaining "optimal warmth, pH balance, and cleanliness" and serving as a "first line of immunological defense". It is a hygienic shield, guarding the baby's glans from contact with toxic diaper

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[18] Fleiss, "The Case Against Circumcision".

wastes. For a man, it facilitates smooth and gentle sexual intercourse, since it provides a cushioning, gliding, and lubricating mechanism that renders coitus non-abrasive.[19] The glans in itself is one of the more insensitive areas of the body, having only "primitive sensory modalities"; instead, it is the prepuce that "provides a large and important platform for several nerves and nerve endings."[20]

Now, to inflict deliberately and needlessly a disability even on someone else's toe would be blameworthy. But modern invasive circumcision (*periah*) does **not** involve "snipping" merely "a little extra skin" as though clipping long hair or nails, which grow back and whose outer surface consists of mostly dead tissue. Rather, it wreaks wholesale devastation, obliterating an irreplaceable vital organ consisting of a large percentage (from 50% to 80%[21]) of what would

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[19] *Ibid.* See also P. Fleiss, F. Hodges and R. Van Howe, "Immunological functions of the human prepuce", *Sexually transmitted infections* 74 (1998): 365.

[20] J. R. Taylor, A. P. Lockwood and A. J. Taylor, "The prepuce: Specialized mucosa of the penis and its loss to circumcision", *British Journal of Urology* 77 (February 1996): 291-295. See also Fleiss, Hodges and Van Howe, "Immunological functions of the human prepuce", *loc. cit.*

[21] Paul Fleiss and Frederick Hodges, *What Your Doctor May NOT Tell You About Circumcision* (New York: Warner Books, 2002), 86. The authors declare, 71: "The most common complication of circumcision is the removal of too much skin." It seems that, with *periah* (unlike *milah*), it is practically impossible to predict how much

have been the adult male genital epithelial tissue, peripenic muscle (the dartos), over three feet of blood vessels (veins, arteries, and capillaries), more than two hundred feet of nerves, and at least twenty thousand nerve endings.[22] According to Snyder, "the non-fatal complications show up in the office of pediatricians, family practitioners, and urologists long after the original procedure.... Complications include skin bridges, urethral fistulas, hemorrhage, infection,

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skin excision will prove excessive. In the same vein, James Snyder, "The Normal, Natural Penis and the Effects of Circumcision", in *Circumcision and Human Rights*, ed. George Denniston, Frederick Hodges, Marilyn Milos (Springer Science, 2009), 109-119, calls attention, at 117, to modern circumcision's potential adverse effect of "the long-term problem of insufficient penile shaft skin" [for sustaining a non-painful erection], a possible result that "is usually not recognized or managed even though it will be a life-time problem." This problem was recognized decades ago. See E. Noel Preston, "Whither the Foreskin? A Consideration of Routine Neonatal Circumcision", *Journal of the American Medical Association* 213.11 (September 1970): 1853-1858: "A common complication of circumcision is loss of penile skin. This can result from pulling too much of the skin from the shaft up over the glans during the operation. The remaining skin slides back, leaving a denuded penile shaft."

[22] Fleiss, "The Case Against Circumcision". Taylor, Lockwood and Taylor, *op. cit.*, conclude: "The amount of tissue loss estimated in the present study is more than most parents envisage from pre-operative counseling. Circumcision also ablates junctional mucosa that appears to be an important component of the overall sensory mechanism of the human penis."

gangrene, reduced sexual pleasure, and painful erections."[23]

In addition, modern circumcision usually ablates the male frenulum (or fraenum)[24] – an excision that would functionally correspond to severing the ligaments that attach the inner lips to the upper and lower gums or the tether linking the tongue to the floor of the mouth.[25] These deeds would all be completely senseless (hence grievously ethically unjustifiable) if done for non-curative reasons, because everyone can make beneficial (if not indispensable) use of any such healthy intact frenula. In fact, the numbing effect of frenectomy "may be responsible for the high incidence of sexual dysfunction in circumcised

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[23] Snyder, *op. cit.*, 114.

[24] As defined by Fleiss and Hodges, *What Your Doctor May NOT Tell You About Circumcision*, 36, the penile frenulum is "the band of highly sensitive and elastic tissue that tethers the foreskin to the bottom of the glans, just under the urinary opening of the glans (meatus)." They go on to assert that "circumcisers have actually been trained to take a scalpel and carve out whatever remains of the frenulum. As a result, one of the most sensitive areas of the penis is permanently anesthetized." Mervyn Lander, "The Human Prepuce", in *Sexual Mutilations: A Human Tragedy*, ed. George Denniston and Marilyn Milos (New York: Plenum Press, 1997), 77-83, calls the frenulum, at 79, "God's gift to man", portraying it as "a male's most sensitive erogenous zone".

[25] Only *periah* destroys the phallic frenulum; indeed, *milah* (as practiced in Islam and as originally practiced in Judaism before the inauguration of the drastic rabbinic innovation) preserves the frenular web, as does supercision. See "Style choices in relation to Religious Beliefs", http://www.circlist.com/styles/page3.html.

American males,"[26] which has become a widespread source of misery today.

Moreover, what was designed as an internal organ becomes externalized; indeed, as a result of the loss of mucous membrane protection and subsequent exposure to the environment, the glans as a whole (beyond the fated frenulum) is desensitized and keratinized (becomes thick, tough, and dry).[27] Along with causing an unnatural anatomical condition, "Surgical amputation of the prepuce removes many of the fine-touch corpuscular receptors from the penis and clitoris."[28] The injury sustained from this surgical havoc entails an eventual decrease in sexual sensibility and varying degrees of impotence, accompanied by the problem of uncomfortably sore coitus for women married to older circumcised men who must apply excessive force to achieve orgasm. The prevalence of RIC over several decades may be a contributing factor in an epidemic predicament that has created a

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[26] Fleiss and Hodges, 36. It seems that this single aspect of modern circumcision, abstracting from its many other deleterious consequences, would be sufficient to answer the challenge of David and Michael Benatar, "How not to argue about circumcision", *American Journal of Bioethics* 3.2 (Spring 2003): W1, to prove (without begging the question) that ECC *does* constitute unjustifiable mutilation in permanently removing a uniquely functional (and non-substitutable) bodily part.

[27] Fleiss and Hodges, 88.

[28] C. J. Cold and J. R. Taylor, "The prepuce", British *Journal of Urology* 83, Suppl. 1 (January 1999): 34-44.

huge market for ED drugs and copious artificial lubricants.[29]

Actually, this erotic enervation was the major reason why spiritual and medical authorities originally advocated non-therapeutic male circumcision. Purification from carnal temptation was probably its purpose within the ancient Egyptian priestly class and among many Moslems.[30] The twelfth century physician and philosopher Moses Maimonides speculated:

With regard to circumcision, one of the reasons for it is, in my opinion, the wish to bring about a decrease in sexual intercourse and a weakening of the organ in question, so that this activity be diminished and the organ be in as quiet a state as possible… In fact this commandment has not been prescribed with a view to

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[29] George Denniston, "Tyranny of the Victims", in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice* (Kluwer Academic: 1999): 232. Fleiss and Hodges, 86-88, cite "a number of disturbing consequences" of this amputation: loss of normal erectile skin mobility, shaft curvature from extreme tightness, actual need for lubricating aids, perceived need to use abnormal methods of stimulation for satisfaction, and irritating or painful vaginal intercourse. Cold and Taylor claim: "The prepuce is primary, erogenous tissue necessary for normal sexual function. The complex interaction between the protopathic sensitivity of the corpuscular receptor-deficient glans penis and the corpuscular receptor-rich ridged band of the male prepuce is required for normal copulatory behaviour. The increased frequency of masturbation, anal intercourse and fellatio reported by circumcised men in the USA may possibly be due to the sensory imbalance caused by circumcision. Clearly, amputation of the prepuce causes changes in sexual behaviour in human males and females."

[30] Gollaher, 5, 48.

perfecting what is defective congenitally, but to perfecting what is defective morally. The bodily pain caused to that member is the real purpose of circumcision. None of the activities necessary for the preservation of the individual is harmed thereby, nor is procreation rendered impossible, but violent concupiscence and lust that goes beyond what is needed are diminished. The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened.[31]

Thus, despite contrary claims in recent decades that there is no clear difference in tactile responsiveness between the fully circumcised and he intact male organ,[32] it has been known for enturies that *periah* is debilitating and desensitizing[33] – a state of affairs that seems predictable by *a priori* rational deduction and

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[31] *The Guide of the Perplexed*, trans. by Shlomo Pines (University of Chicago: 1963), Part III, Chapter 49; www.cirp.org//librarycultural/maimonides.

[32] A Masters and Johnson 1966 study is often cited, but a much later study concluded that "Circumcision ablates the most sensitive parts of the penis." See Morris Sorrells, James Snyder, Mark Reiss, Christopher Eden, Marilyn Milos, Norma Wilcox, Robert Van Howe, "Fine touch pressure thresholds in the adult penis", *British Journal of Urology International*, 99, Issue 4 (April 2007): 864-869. See also James Snyder, "The Normal, Natural Penis and the Effects of Circumcision", *op. cit.*, 111.

[33] Regarding the normal pleasure accompanying an intact prepuce, an impressive list of quotations from classical authors (and other writers) in medicine, history, philosophy, and theology on the countervailing effects of circumcision is given at http://www.circumstitions.com/Pleasure.html#cold.

verifiable *a posteriori* through experience. Although the renowned rabbi seems to lament the situation he is about to report, he continues: "It is hard for a woman with whom an uncircumcised man has had sexual intercourse to separate from him."[34] A wife and her husband have co-authored an entire book on this theme, showing how (other things being equal) uncircumcised coition enhances the marital bond uniting "two in one flesh", by contrast with the impediment posed when the maimed man labors under a handicap.[35]

Echoing Maimonides, numerous British and American physicians (during a seventy-five year period centered within the Victorian era) recommended preventive RIC and punitive circumcision of youth (without anesthesia) in order to blunt masculine libido. The following three excerpts from medical journals (spanning this timeframe) are representative.

> In cases of masturbation we must, I believe, break the habit by inducing such a condition of the parts as will cause too much local suffering to allow of the practice being continued. For this purpose, if the prepuce is long, we may circumcise the male patient with present and probably with future advantage; the operation, too, should *not* be performed under chloroform, so that the pain

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[34] *Ibid.*

[35] Kristen with Jeffrey O'Hara, *Sex As Nature Intended It* (Turning Point Publications: 2001).

experienced may be associated with the habit we wish to eradicate. [36]

Boys ought to be circumcised – the permanent and tempting invitation to masturbation in the form of the foreskin being removed in their early infancy, before sexual feelings are experienced.... There is some reason, then, and excuse as well, why boys should be boys, endowed as they are with anatomical conditions, as well as traits, calculated to lead them astray.[37]

I suggest that all male children should be circumcised. This is 'against nature', but that is exactly the reason why it should be done. Nature intends that the adolescent male shall copulate as often and as promiscuously as possible, and to that end covers the sensitive glans so that it shall be ever ready to receive stimuli. Civilization, on the contrary, requires chastity, and the glans of the circumcised rapidly assumes a leathery texture less sensitive than skin. Thus the adolescent has his attention drawn to his penis much less often. I am convinced that masturbation is much less common in the circumcised. With these considerations in view it does not seem apt to argue that 'God knows best how to make little boys.' [38]

Among the cultivated doctors claiming to know what is holy and pure better than the Almighty,

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[36] Athol A. W. Johnson, "On An Injurious Habit Occasionally Met with in Infancy and Early Childhood", *The Lancet*, vol. 1 (7 April 1860): 344-345.

[37] Brandsford Lewis, "A Plain Talk on Matters Pertaining to Genito-Urinary Anatomy, Physiology and Diseases (Part 1)", *American Journal of Dermatology and Genito-Urinary Diseases*, vol. 7 (1903): 201-209.

[38] R. W. Cockshut, "Circumcision", *British Medical Journal*, vol. 2 (1935): 764. Numerous quotations like these three are exhibited at www.sexuallymutilatedchild.org/shorthis.htm and www.noharmm.org/docswords.htm.

the most famous US circumcision crusaders to conduct prophylactic continence campaigns were Peter C. Remondino and John H. Kellogg, who apparently relied on the surgeon's *coup de grace* instead of the Divine Physician's grace and who seemed to think that their noble end justified the use of morally questionable means.[39]

This matter leads into the second clause (B_2) of the first argument's minor premise (B). Because proper standards of medical care dictate that debilitating subtractive surgery ought not be performed without sufficient warrant, the proponents of ECC offer two main justifications for it, besides superficial aesthetic or cultural aims dependent on (or mediated through) parental caprice. These chief reasons have remained unchanged since the Victorian physicians linked eradication of dirt and disease (and delectation) with circumcision; indeed, when the original motivation (of spiritual hygiene or moral prophylaxis) for the "corrective" surgery lost its persuasive power, the other two reasons (bodily hygiene and physical prophylaxis) succeeded in imparting a self-perpetuating momentum to RIC.[40] Nonetheless, the various rationales for

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[39] Regrettably, even Catholic hospitals succumbed to the practice of allowing physicians to perform routine non-therapeutic posthectomies on male neonates.

[40] The American Academy of Pediatrics, although asserting that male RIC is non-therapeutic ("not essential to the child's current well-being"), has balanced off this disclaimer with the counter-statement that it has "potential medical benefits" (mainly the statistical possibility of lessening the likelihood of UTIs). See the 1999

these can be refuted as either fallacious or else not furnishing proportionate grounds to render ECC ethical.

Concerning the bodily hygiene issue, a baby boy is actually more sanitary with a foreskin to cover him than with a glans exposed to soiled diapers.[41] With regard to the so-called "inconvenience" of needing to wash an intact prepuce, surgery is a drastic remedy when simple water and mild soap, along with an extra minute of time, would suffice for cleanliness.[42] Ironically, before circumcision became prevalent, few people bathed frequently; but precisely when indoor running water was becoming widely available, a circumcising frenzy overtook the USA.[43] Furthermore, other areas of the body (such as the ears) have folds requiring special care, yet no one suggests chopping off such parts.[44] For instance, convoluted female genital

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"Circumcision Policy Statement", *op. cit.*, reaffirmed in 2005 and more strongly in August 2012. Nevertheless, in its 1984 pamphlet *Care of the Uncircumcised Penis: Guidelines for Parents,* it did not advocate RIC for the purpose of convenience in maintaining cleanliness. Lawrence Dritsas, "Below the Belt: Doctors, Debate, and the Ongoing American Discussion of Routine Neonatal Male Circumcision", *Bulletin of Science, Technology & Society* 21. 4 (August 2001): 297-311, includes in his highly informative essay a synopsis of the evolution of the AAP's position on RIC up to the date of his article.

[41] Thomas Ritter and George Denniston, *Doctors Re-examine Circumcision* (Third Millenium Publishing: 2002), 6-1 – 6-2.

[42] Fleiss and Hodges, 167-170; Ritter and Denniston, 8-1.

[43] Gollaher, 86.

[44] A certain cultural squeamishness demarcates this organ by contrast with other bodily zones. See William Morgan, "The Rape of the

regions (located more internally) demand even more cleansing, yet no one in the West advocates their routine excision for the convenience of girls and women. In fact, manufacturers sell feminine hygiene products commercially. Instead, however, of promoting better male hygiene (with antibiotic creams in case of infection), the medical profession established a double-standard, offering men the indignity of a diminution of their normal masculine equipment.[45]

Concerning the health controversy, it is well-known that correlations between an intact male foreskin and various illnesses have long been alleged for the purpose of promoting prophylactic circumcision. One of the much-touted ones was so-called pre-pubescent "phimosis", but Gairdner proved in a famous 1949 paper that this is a false diagnosis stemming from widespread ignorance about the normal age of foreskin retraction.[46]

Phallus", *Journal of the American Medical Association* 193.3 (July 1965): 123-124: "Perhaps the most fatuous reason advanced for the operation is that the uncircumcised penis is less hygienic. Soap and water work wonders with the body's other orifices and appendages and there would seem no reason to doubt their efficacy with respect to the foreskin. The pinnae also collect dirt but removal of the external ears does not find favor as a routine measure of hygiene."

[45] Ritter and Denniston, 8-1, 14-1 – 14-2.

[46] Douglas Gairdner, "The Fate of the Foreskin: A Study of Circumcision", *British Medical Journal* (December 1949): 1433-1437. Gairdner's study was sufficient almost by itself to initiate a steep decline in the British circumcision rate within a short time after its publication ("from 30 percent in the 1930s to 6 percent in the 1970s"). His article had a delayed, but eventual, influence on dampening the enthusiasm for ECC within the medical communities

Another focal ailment has been urinary tract infections; however, UTIs are contracted with such low frequency that the small relative advantage conferred on circumcised baby boys does not translate into an absolute indication for preventative circumcision,[47] especially when they can be easily cured by the non-surgical intervention of antibiotic medicines. Citing studies by Wiswell and Schoen, Roberton's neonatology textbook affirms:

> Many studies in the last 15 years have shown that uncircumcised males have an increased number of urinary tract infections, particularly under 1 year of age. But as Winberg *et al* pointed out, it is fundamentally illogical that mutilating someone might be beneficial.[48]

Such illnesses are far more common in baby girls, anyway, yet female genitals are not targeted for research about possible surgery to impede UTIs, thus further highlighting the gender double-standard that pervades discussion of ECC in the West.[49]

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of Australia, New Zealand, and Canada, but the American medical profession seemed not to be aware of it or else not to care enough to dissuade parents from electing the procedure. See Darby, *op. cit.*, 311-317.

[47] Report 10: "Neonatal circumcision", Council on Scientific Affairs of the American Medical Association (Chicago: AMA, 1999).

[48] N.R.C. Roberton, "Care of the Normal Term Newborn Baby", in *Textbook of Neonatology*, eds. Janet M. Rennie, N.R.C. Roberton, 3rd ed. (Edinburgh: Churchill Livingston, 1999), 378-379.

[49] Glick, *Marked in Your Flesh*, 275.

The modern form of full circumcision has also been hypothesized to reduce the incidence of various kinds of cancer (penile, prostate, and cervical) along with STDs (including AIDS). But the data are so dubious (or at best ambiguous) that a verdict in favor of any solid proof of benefits cannot be rendered. In fact, the more likely result of mass circumcision is an increase in infectious disease.[50]

Rather than juggle statistical analyses of highly debatable value, at this point discourse would more fruitfully employ some logical analysis. For, even if (for the sake of argument) there *were* a positive statistical association in some of these instances (which, nevertheless, cannot be conceded), prophylactic surgery on a healthy lad who *might* develop or transmit a disease in the future is egregiously unethical. Who's to say whether "he'll need to have circumcision done anyway in the future"? If any bodily part that *may* become diseased in the future is eligible for amputation now, then tonsillectomy, appendectomy, prostatectomy, and mastectomy should also become routine, because the respective organs are far more susceptible to

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50 Robert S. Van Howe, Michelle R. Storms, "How the circumcision solution in Africa will increase HIV infections", *Journal of Public Health in Africa*, Vol. 2, No. 1, 2011, http://www.publichealthinafrica.org/index.php/jphia/article/viewArticle/jphia.2011.e4/html_9#17.

illness.[51] Anyway, how does preventing one case of penile cancer for some elderly uncircumcised man in the hypothetical future justify operating on thousands of boys now, especially when a healthier lifestyle might provide similar long-term benefits?[52] Furthermore, how can anyone know whether a particular boy will ever even engage in sexual intercourse, much less be a vector for cervical cancer in some woman? A small likelihood of transmission by some man in the nebulous future does not justify a pre-emptive attack on a concrete boy (or all boys) now. Concerning STDs (including HIV/AIDS), whatever their prevalence, they evidently feature a strong behavioral component and do not materialize upon the mere presence of a foreskin. Even a high likelihood of transmission by uncircumcised heterosexual men in certain African cultures (assuming a statistical association) would be irrelevant and inapplicable to the issue of indiscriminate posthectomy performed on male minors. Two physicians encapsulate the status of the prophylaxis question:

> Routine neonatal circumcision has been advocated as a means of preventing genitourinary diseases and genital cancers. However, the procedure has been found

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[51] William Morgan, "Penile Plunder", *The Medical Journal of Australia* 1 (May 1967): 1102-1103.

[52] See Report 10: "Neonatal circumcision" and Morgan, "Penile Plunder".

to have been of questionable benefit and to be associated with both immediate and delayed risks and complications. These in turn may produce undesirable psychologic, sexual, and medico-legal difficulties. Circumcision is considered with respect to carcinoma of the cervix, penis, and prostate; there is little evidence that circumcision of the newborn affords protection against subsequent development of these cancers in individuals who practice good personal hygiene.... Routine circumcision of the newborn is an unnecessary procedure. It provides questionable benefits and is associated with a small but definite incidence of complications and hazards. These risks are preventable if the operation is not performed unless truly medically indicated.[53]

Circumcision does not prevent cancer of the penis, which is a very rare disease anyway and occurs more frequently in males who do not practice proper hygiene. Cervical cancer, which is not prevented by circumcision, is not more common in sexual partners of intact males who practice proper hygiene. Circumcision also does not prevent sexually transmitted diseases.[54]

Regarding the controversial circumcision Policy Statement issued by the Task Force of the American Academy of Pediatrics in August 2012 (which sanctioned parental election of the surgery without positively recommending it), some very detailed critiques of the AAP's ambivalence have been issued by leaders of a number of

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[53] Preston, "Whither the Foreskin? A Consideration of Routine Neonatal Circumcision", *op. cit.*

[54] William Sears, "Ask Dr. Sears", http://www.askdrsears.com/html/10/t101500.asp.

organizations.[55] In particular, the group Doctors Opposing Circumcision has published an extensive commentary criticizing the AAP report for a variety of flaws, leveling against its authors some serious accusations of financial conflicts of interest.[56] Pediatrician Robert Van Howe and Attorney Steven Svoboda co-authored a critical analysis published by the *Journal of Medical Ethics*.[57] Medical researcher Robert Darby has written a short book exploring the curious fact that only in the USA are there influential medical authorities who continue to cling to justifying RIC.[58] All parties concur that, due to the Task Force's tendentious approach precluding an objective re-examination of the matter, it failed to consider a great deal of pertinent evidence (for example, studies done outside an arbitrarily

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[55] See, for instance, the critique by Petrina Fadel (of Catholics Against Circumcision) at http://www.drmomma.org/2012/08/aap-circumcision-policy-statement.html and http://intactamerica.wordpress.com/2012/08/31/my-letter-to-the-american-academy-of-pediatrics. The Jewish-led Circumcision Resource Center in Boston published a response in 2014-2015 outlining twenty key areas in which the AAP's Statement displays serious vulnerability to the point of refutation: http://www.circumcision.org/aap.htm.

[56] See http://www.doctorsopposingcircumcision.org/pdf/2012-08-26A_Commentary.pdf.

[57] J. Steven Svoboda and Robert S. Van Howe, "Out of step: fatal flaws in the latest AAP policy report on neonatal circumcision", *J Med Ethics* doi:10.1136/medethics-2013-101346.

[58] See *The Sorcerer's Apprentice: Why can't the United States stop circumcising boys?*, Amazon kindle edition.

limited window of time) that is contrary to their desired outcome. The bottom line is that this opinionated latest report offers nothing new, and in fact represents a retrograde step for mainstream American medical thought. Its manifestly blatant cultural prejudice has been recognized by a committee of European physicians from over a dozen countries in a devastating critical commentary of their own.[59]

The cardinal precept of medical care (especially in the Hippocratic tradition) is "First, do no harm". Surgery always carries risks. Although additional complications (beyond the local wound intended) in RIC are relatively rare, when accidents *do* occur they can be catastrophic – ranging from meatal ulceration or stenosis to glans disfigurement, gangrene, necrosis, penile ablation (with possible subsequent "gender-reassignment" surgery) and even death. [60] Of course, if a boy were to contract a preputial pathology for which no conservative treatment is available, then therapeutic posthectomy would

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[59] "Cultural Bias in the AAP's 2012 Technical Report and Policy Statement on Male Circumcision", *Pediatrics*, Vol.131, No. 4, April 2013: 796-800 (first published online, March 18, 2013), http://pediatrics.aappublications.org/content/early/2013/03/12/peds.2012-2896.full.pdf+html.

[60] Report 10: "Neonatal circumcision"; Gairdner, *op. cit.*; Romberg, 198-234; Gollaher, 152-157; Ritter and Denniston, 5-1 – 5-5, 32-1; Fleiss and Hodges, 51-82; Denniston, "Tyranny of the Victims", *op. cit.*, 230.

certainly be permissible. But curative remediation is intrinsically different from reductive prophylaxis on the healthy. To cut a normal body based on probabilistic generalizations militates against the dignity of the individual person, who deserves to be treated as an end in his own right, with clinical decisions made for his own current welfare – not used as an instrument for the purported good of the socialist hive under some vague scenario. Hence, considering the harm done through *periah* in terms of valuable organic deprivation (tantamount to mutilation), along with attendant surgical risks, proportionate justification for non-therapeutic modern child circumcision is utterly lacking.

This discussion concludes the defense of both parts of the first argument's minor premise (B), claiming that ECC is a procedure seriously impairing the normal functioning of a healthy organ and without proportionate justification, thus establishing that argument's validity.

Second argument's minor premise

The minor premise (D) of the second argument is now defended. The first point to be made here is that there seems to be an underlying assumption afoot that "the boy doesn't really need a foreskin" (similar to the variant "he'll only need to have the

operation done later"). Such a tacit human judgment usurps divine jurisdiction over the ontological reality of the child, to whom nature grants abundant gifts (or to whom God grants abundant gifts of nature). Many body parts are dispensable in the sense that someone could survive without them, but this obvious truth does not legitimate their subtraction.

In any other context, such an act would rightly be deemed theft. Think of it (i.e., the objective situation apart from the good subjective intentions of parents and physicians).[61] A naked defenseless baby is strapped down and coerced (usually with the parents' permission) into surrendering an intimately private possession, which is taken from him without genuine warrant, and either discarded or sold to a biotech firm that specializes in developing products from human foreskin.[62] In fact, it is objectively worse than theft, because his parents are *paying* the doctor to commit the equivalent of robbery at knifepoint. Nor is the boy compensated in any way for what is (as previously explicated) a substantial and inestimable loss. (Indeed, how can the worth of

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[61] Joseph Zoske, "Male Circumcision: A Gender Perspective ", *Journal of Men's Studies* 6.2 (Winter 1998): 189-208, paints a graphic depiction of this reality in terms of a legalized "societal act of physical and sexual assault; an event that holds deep significance for men's psychosexual development, reinforces cultural attitudes of disregard for the well-being of men's bodies, and tacitly accepts violence as a part of men's lives."

[62] See Paul Fleiss, "Where Is My Foreskin? The Case Against Circumcision", *op. cit.*

any bodily organ be assessed with a price tag?) Instead, companies trafficking in foreskins are reaping large profits at his expense[63] (along with hospitals and physicians who are supplementing their income by medically arbitrary surgery). He is in effect made a non-consenting organ donor to corporations with a financial stake in his deprivation. If the foreskin really had to be removed due to some inherent pathology, then it would have no monetary value. It *has* such value precisely *because* it is healthy tissue – and therefore should *not* be stolen from him. It can be presumed that he would want to keep it if he could voice his preference (or at least would want to make his own decision about his bodily configuration), and thus his parents do not have the prerogative to authorize its amputation. If human rights mean anything, they include the right to life and limb. Parental rights to control their children's destiny end where their children's bodily integrity begins,[64] because parents are guardians of their children and not owners of them. Hence, they have no proxy moral right to give away (or allow to be taken) their son's healthy prepuce as though it were *their* property

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[63] *Ibid.* See also http://www.foreskin.org/f4sale.htm; http://www.norm-uk.org/where_do_foreskins_go.html.

[64] Contrary to some claims, non-therapeutic organ removal such as posthectomy is **not** analogous to vaccinations for immunization, because the latter do not *per se* preclude the use of any bodily part, although *per accidens*, due to an unintended side-effect such as an allergic reaction, an organ may be rendered non-functional.

to dispose of and not his. Neither do physicians, whose primary obligation is to the welfare of their patients; nor does the larger community, even though it may benefit from results of research with purloined foreskins. The exalted status of the human person demands that all of society refrain from degrading and abusing him by subordinating his inviolate body to a consumerist collective. The end does not justify the means. If this precept were abandoned, in principle anyone's body could be appropriated for utilitarian ends.

Given the fact that *periah* robs a male of so much tissue[65] and given the emotional premium that the vast majority of men place on size (thickness along with length) as a sign of their virility (well-founded or not), it incurs a serious risk of psychological harm to detract from their right to a normal physical manifestation of masculinity by performing reductive sexual surgery without any compelling medical reason. A lad may not spontaneously advert to his status ("he won't even know the difference"), but nearly every male eventually finds out. It is true that some men may not care, but others experience a kind of post-traumatic stress upon discovery of what was done to them as infants without their consent – as witnessed by the many thousands of

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[65] As stated earlier, it takes away a large percentage (from 50% to 80%) of what would have been the adult male genital epithelium, according to Fleiss and Hodges, 86.

American men from their late teens into their seventies who have joined foreskin restoration groups and must undergo perseverance through months (usually years) of tedious and onerous stretching exercises in an attempt to undo some of the damage wrought in a few minutes as children (though the frenulum can never be restored). Although it is true that some men (a small minority) positively like being circumcised,[66] it is impossible to predict which preference a particular baby boy would register at maturity. In such a doubtful matter (whose resolution perhaps demands the use of a so-called "reflex principle"), the morally safer course would be to wait and let him decide later, so long as no urgent medical condition necessitates surgery.

The burden of proof rests on those who assert the moral neutrality of parental interference with natural corporeal development,[67] which evinces the bounteous economy of divine providence. Confronted with the inherent constitution of the body, parents have an ethical

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[66] Zachary Androus, "Fitting In and Getting Off: Elective Adult Male Circumcision in the United States and Britain", in *Circumcision and Human Rights,* 141-147.

[67] Dritsas, "Below the Belt: Doctors, Debate, and the Ongoing American Discussion of Routine Neonatal Male Circumcision", *op. cit.*, acknowledges the continuing debate here and the resulting ambivalence of parents; however, since "the status of their sons is not ambiguous---they are circumcised or they are not," he advocates suspension of the practice until greater clarity emerges, advising reversal of the established American default position by emulation of the European model wherein the foreskin is innocent until proven guilty.

obligation (grounded on respect for human rights) to leave normal anatomy alone.[68] Failure to circumcise can always be "rectified" later, but it is the son who must live with any objectionable consequences of supererogatory action now. If a young man decides, based on experience with his own *actual* self-determined needs (by contrast with someone else's anticipatory projections), that he would feel better without a foreskin, the operation can be done then as a *therapeutic* intervention, thus rendering it perfectly ethical. Indeed, by that time he will have already benefited as a child from the protective function of the foreskin. But it is wrong to rush medically unwarranted surgery at a time when he has no say in the matter, even when the parents are acting under the influence of a historically erroneous interpretation of a religious mandate.

This discussion concludes the defense of premise (D) that ECC is a procedure violating the natural physical integrity of an innocent human being without that person's consent, and hence validates the proof of the second argument.

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[68] "'Proxy consent' poses serious problems for pediatric health care providers. Such providers have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses. Although impasses regarding the interests of minors and the expressed wishes of their parents or guardians are rare, the pediatrician's responsibilities to his or her patient exist independent of parental desires or proxy consent." Committee on Bioethics, "Informed Consent, Parental Permission, and Assent in Pediatric Practice", *Pediatrics* 95. 2 (February 1995): 314-317.

What about the pain?

Lastly, there is the issue of inflicting bodily pain in the medically gratuitous procedure of *periah*. Despite the excruciating process wherein the synechial bonds adhering two skin surfaces (glans and prepuce) are broken and ripped by a blunt metal probe before the prepuce is crushed by a clamp and cut with a scalpel, RIC is performed without general anesthesia on account of dangers for neonates. Until the last couple of decades, no anesthesia at all was used, due to the rampant misconception that newborn babies did not feel any significant pain.[69] When a consensus finally coalesced around the proposition that babies *do* feel (and acutely so) the extremely severe pain of complete circumcision,[70] local anesthetic injections were introduced.[71] Some surgeons avoided them, because it was thought that they can distort the surgical site through swelling. In more recent years, however, as more physicians have learned their proper use, they have been found somewhat effective in diminishing pain. Nevertheless, according to two researchers,

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[69] Fleiss and Hodges, 43. See also Ritter and Denniston, 3-1. A state of blind denial prevailed, perhaps to assuage consciences.

[70] Synechtomy has been likened to the total removal of a fingernail from its underlying bed via a razor blade. See Mark Jenkins, "Separated at Birth", *Journal of Men's Health* (July/August 1998): 130.

[71] Fleiss and Hodges, 43-47; http://www.medscape.com/viewarticle/453637; http://www.circumstitions.com/Pain.html.

the complicated innervation of the penis explains why a dorsal penile nerve block provides incomplete pain relief for neonatal male circumcision. Likewise, a penile ring block cannot block the visceral afferent fibres from the cavernosal nerve nor the posterior scrotal somatosensory branches of the perineal nerve. A eutectic mixture of local anaesthetic cream (EMLA) does not relieve the pain associated with circumcision because of the complexity of penile innervation and the multiple layers that would have to be penetrated by the topical cream in the newborn penis.[72]

The question at stake is whether it is morally licit for parents and doctors to condone even such residual pain on a non-consenting child in medically unnecessary surgery. In this respect, human male neonates are treated in America below the strata of female children (on whom elective genital surgery is forbidden altogether by federal law) and non-human animals: "Although United States law prohibits the performance of even minor surgical procedures on animals without adequate anesthesia, there is no federal or state legislation to prevent the performance of unanesthetized circumcision on the human infant."[73] Thus, by inference the American secular consensus (of which positive law is a sanctioned expression) must be that it is unethical to inflict any pain whatsoever on veterinary or

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[72] Cold and Taylor, *op. cit.*

[73] See http://www.medscape.com/viewarticle/453637 and http://www.circumstitions.com/Pain.html, which directs the reader's attention to 7 USC 54 Sec. 2143, dating back to the 1960s.

laboratory animals (even in remedial minor surgery). But then there appears to exist some ethical tension, if not an outright inconsistency, in these operative differentials. Therefore, to resolve the quandary, we must conclude that either baby boys are deemed to occupy a lower rung on the ladder of Being than girls or puppies and mice – or else it is *a fortiori* unethical to tolerate residual pain on them too (at least in a non-therapeutic context). If parents somehow (implicitly) think that their son merits relegation to a separate moral category, it must be either that social/familial conformity (revolving around aesthetic appeal or mere resemblance to others) takes precedence over (or "trumps") his lamentable pain, or else the pain is actually a deliberate cultural ordeal (akin to rites of passage in the Mideast and Africa) that some parents feel (on a primitive subconscious level) they must impose as a test (perhaps because the father went through it[74] and "God has approved it").

Confusion seems to reign over the blurring of (or utter ignorance about) the critical distinction between *periah* and *milah*. Yes, *milah* must have been quite painful,[75] but it is not a

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[74] See Douglas Rooks, "Just Like Dad", *Maine Times*, Vol. 29, No. 9 (Portland: January 2-8, 1997), http://www.cirp.org/news/1997-01-02MaineTimes/editorial.html, and Sharon Bass, "Circumcision persists despite doctors' disapproval", *Maine Times*, *ibid.*, http://www.cirp.org/news/1997-01-02MaineTimes: "The number one reason, according to both doctors and parents, is so son will look like father and his male peers."

[75] See Genesis 34:24-25 and Exodus 4:25-26.

functional mutilation; indeed, such a simple cut would have left intact the protective and sexual functions of the prepuce. Moreover, God (the sole absolute proprietor of all human life and ultimately all its accoutrements) had the authority to command it as a sign of a religious Covenant. By contrast, though, *periah* is extraordinarily painful, extirpates an integral part of the male reproductive system, and was never divinely mandated. Therefore, a reluctance to impugn any of the attendant pain of *periah* probably stems from two cognitive sources: (1) the recognition that RIC for human males has an ancient history as a symbolic ritual that the canon of religious liberty ought to privilege and (2) lack of awareness that the original token rite of *milah* was replaced long ago by much more radical surgery.

At any rate, most older persons would not accept elective surgery under the current circumstances, and no veterinarian would countenance such suffering in dogs or cats. ECC is done only because (thanks to the Victorian physicians who introduced it to America) doctors have been given a social license to perform it on helpless, non-consenting human individuals. The fact that a general anesthetic cannot be used is one more reason to delay such surgery to an age when the boy can be given full anesthesia with his informed consent, unless there is a definitely therapeutic (not merely a statistically

prophylactic) reason why the operation is required to relieve or cure a present pathology. Of course, what has been a lucrative circumcision industry in the USA would not survive widespread postponement of the surgery, because the vast majority of older males (including medical professionals) would never later freely choose this genital excision for themselves without a legitimate therapeutic aim. Hence, ECC transgresses against the "Golden Rule" (or some similar law of ethical universalization), which mandates that physicians (or any other persons) not do to someone else what they would not have wanted to be done to them (at least not without their express permission). It violates the right of male minors to non-discriminatory gender equality and to treatment with at least the degree of respect accorded brute animals.

Wallerstein summarizes the history of ECC in the United States thusly:

> As scientific evidence mounted to dispute each of Remondino's exaggerated claims, physicians clutched at straws to retain at least one "health" benefit. Now that all such claims have been refuted, circumcision today has become cultural surgery, not very different from ear- and nose-piercing and tattooing.[76]

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[76] Edward Wallerstein, "Circumcision: The Uniquely American Medical Enigma", *Urologic Clinics of North America*, Volume 12, Number 1 (February 1985): 123-132.

Similarly, Morgan calls RIC a "cult"[77] and "social status" surgery having "no valid medical reason".[78] Roberton's neonatology textbook concurs with these verdicts, bluntly declaring: "Circumcision of either sex in the neonatal period should be seen for what it is, a tribal ritual."[79] In this "tribal ritual", unfortunately, so-called "botched" circumcisions (even by skilled operators) have ruined the physical and psychological health of numerous boys, sometimes leading to death (including eventual suicide[80]) – all the more tragic because unnecessary in the first place. But botched or not, modern ECC is an injustice that has negatively impacted the lives of countless men.[81] It is time for a correction of the public conscience about male genital mutilation (along with female genital mutilation) directed to its abolition. This would not in the least infringe on the religious freedom of Jews and Muslims to continue to perform the harmless original token rite of *milah*, with the State prohibiting merely the non-

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[77] William Morgan, "Penile Plunder", *The Medical Journal of Australia* 1 (May 1967): 1102-1103.

[78] Morgan, "The Rape of the Phallus", *op. cit.*: 123.

[79] N.R.C. Roberton, "Care of the Normal Term Newborn Baby", op. *cit.*, 378.

[80] Note, for example, the tragic case of David aka Brenda-born-Bruce Reimer and his twin brother Brian, as recounted in John Colapinto, *As Nature Made Him: The Boy who was Raised as a Girl* (New York: Harper Perennial, 2006).

[81] Zoske, "Male Circumcision: A Gender Perspective", *op. cit.*

therapeutic radical surgery of *periah.* Perhaps, as greater consciousness grows about children's inherent rights, with their need for protection from actual maiming (and any unnecessary pain), empathy for unborn victims of an infinitely graver evil will then reproach and wrench more people's hearts.

Implicit Catholic Teaching against Non-Therapeutic Child Circumcision

Parental rights over their children are not absolute, contrary to some current popular thinking. For example, the natural moral law restricts the way in which offspring are generated – artificial reproductive technology being prohibited as a violation of the dignity of human persons.[i] A more obvious precept (though also one contested in secular society) forbids killing babies in the womb (through abortion) or after birth (infanticide). Although the Church designates parents the primary educators of their offspring, charged with the task of inculcating moral values in them, some parental choices are clearly off limits, such as teaching them to earn their livelihood by theft.

The Catholic Church needn't issue a list spelling out all the possible ways in which parents can err in raising their children. Undoubtedly most (or all) of these errors are subsumed under more general principles. For example, maiming children as a punishment for disobedience or for some idiosyncratic cultural reason would come under the general precept forbidding mutilation, defined as the direct (or deliberate) infliction of organic injury to a healthy bodily part causing a foreseeable loss (whether actually or potentially permanent) of normal physical functioning. Trimming long

finger (or toe) nails or head hair wouldn't constitute mutilation, since no organic injury with loss of normal function results from the removal of excess nails and hair, which consist of essentially dead (keratinized) tissue and which will grow back anyway. On the other hand, it *would* be mutilation to uproot hair follicles or tear off nails. To commit either of these deeds would disrupt the body's natural state of well-being and cause disfigurement: the former rendering the child irreversibly bald (with all that entails, including possible emotional humiliation) and the latter exposing the child's delicate mucous membranes to loss of protection.

The Magisterium condemns all kinds of human mutilation, without necessarily specifying the variety of forms it can take. The *Catechism of the Catholic Church* declares: "Except when performed for strictly therapeutic medical reasons, directly intended amputations, mutilations and sterilizations performed on innocent persons are against the moral law."[ii] The U.S. Conference of Catholic Bishops asserts:

> All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.[iii]

This so-called "Principle of Totality" was articulated centuries ago by Pope Benedict XIV (1740-58), who wrote that "the amputation of any part of the human body is never legal, except when the entire body cannot be saved from destruction by any other method."[iv] At the time, he was applying this moral doctrine to castration, which some parents had chosen for their prepubescent sons because they mistakenly believed that the preservation of the boys' soprano voices was in the best interests of everyone in the family (perhaps for monetary reasons). Pope Pius XI repeated this principle in one of his major encyclicals:

> Christian doctrine establishes, and the light of human reason makes it most clear, that private individuals have no other power over the members of their own bodies than that which pertains to their natural ends: and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body.[v]

Another point of application, which the Church needn't explicitly cite because it already falls under a broader heading, is the cutting and removal of the foreskin (or *prepuce*) that covers both the female *glans clitoris* and the male *glans penis*. Female genital cutting of this strictly limited kind (as well as the more brutal forms of infibulation, clitoridectomy, or vulvectomy), though widely practiced in some countries

(especially Egypt) in order to diminish or eliminate feminine sexual sensitivity, certainly comes under the blanket condemnation of mutilation – whether or not the Church ever issues any particular directives or definitive pronouncements on it. Unless some pathological condition affects a girl's outer reproductive zone, the elective or non-therapeutic excision of her naturally protective clitoral hood would be a senseless violation of the bodily integrity and healthy functioning with which the Creator endowed her.

Likewise for male circumcision, defined by the American Academy of Pediatrics as "amputation of the foreskin" (or *posthectomy*). But how could non-therapeutic circumcision be forbidden by the natural moral law? Didn't God command routine circumcision for all males in the Old Testament, even for infants who could not consent? So how could such an operation be intrinsically unethical? The answer, according to many researchers, is that the Abrahamic-Mosaic circumcision rite mandated in Genesis 17 is *not* the same procedure as the modern form. There is a big equivocation on the term "circumcision." The Old Covenant rite, though painful, involved only what is called *brit milah*: a token cut (prophetically symbolic of the blood to be shed by the promised Redeemer and a foreshadowing of Baptism) that clipped off merely the overhang flap or tapered neck

(*akroposthion*) of the prepuce. The Hebrew words used for Old Testament circumcision were *namal*, which means clipping or snipping, and *muwl*, which means curtailing or blunting. Although the Hebrew language contains terms for a cutting off tantamount to entire removal, such words are not employed in this scriptural context. Now this curtailing, though visibly detectable, left sufficient skin to cover the glans, thus maintaining normal male physical function.

Around the middle of the second century A.D., however, the rabbis instituted a much more drastic version. These guardians of Judaic culture aimed to prevent Jewish men from tacitly repudiating their religious identity by appearing uncircumcised in Greek gymnasia – athletic facilities demanding precise standards of modesty. The situation is described in 1 Maccabees 1:16 (D-R), which reports: "They made themselves prepuces" (*preputia sibi fecerunt* in the old Latin translation of the Septuagint). Since these Hellenizing Jews would simply stretch their substantial preputial remnant forward, the rabbis decreed that henceforth all circumcisions must completely denude the glans, leaving no loose skin behind. This total uncovering is called *brit periah* ("opening"), accomplished by cutting, tearing, and ripping away the whole preputial sheath. The *Jewish Encyclopedia*, in its article on "Circumcision",

makes clear that the Muslim practice (essentially *milah*) differs from the Judaic radical version (*periah*). The latter is the brand of surgery performed in modern times with the use of various surgical instruments (probes, forceps, clamps, scalpels). Without precedent in Christendom, it was adopted in the West by the medical establishment of several English-speaking nations in the nineteenth century, but recently in vogue only in the USA, which for a century has had a high rate of (non-therapeutic) routine male infant circumcision (RMIC). The operation (with varying degrees of severity) is practically universal in the Middle East, in the Philippines and in South Korea, but, except among the Jews, it is usually not performed on babies, the preference everywhere else being to wait until the youth is at least a few years old.

Although the ancient biblical form of *milah* doesn't constitute a mutilation according to strict definition, the later form of *periah* certainly does. The prepuce is an integral part of the masculine reproductive system bestowed by the Creator. In eradicating it, *periah* destroys an extensive amount of healthy tissue (a large percentage of what would have been the normal adult male epithelium, muscles, blood vessels, and an entire network of nerves with thousands of free nerve endings), hence obliterating all attendant organic functioning. Dr. Christopher R.

Fletcher (of Doctors Opposing Circumcision) attests to this devastation when he writes: "Circumcision is not simply a little snip, but a major and brutal surgery on the most sensitive part of a male's anatomy, with lifetime consequences for all cut boys. Erectile dysfunction, increased infections in boys, such as multi-antibiotic resistant staphylococcus aureus (MRSA), lack of sensitivity, etc. I prescribe many times more Viagra, Cialis, etc. for circumcised guys than normal men." [vi] This subtractive operation externalizes the glans, which is naturally designed to be a soft, moist internal organ, in the process rendering it tough, dry, and desensitized (after years of chafing). In married life a man is robbed of a gliding, cushioning, and lubricating mechanism for smooth and gentle (non-abrasive) intercourse. Surely when God mandated the original rite of Old Covenant circumcision (*brit milah*), He didn't intend the institution and perpetuation of a total destruction of what He in His infinite Wisdom ordained for the intact functioning of His human sons. Such a conflict between the Divine positive law and the natural moral law would involve a metaphysical contradiction.

Speaking directly to the ethics of modern circumcision, Fr. John Dietzen explains in a column published in the official newspaper of the Diocese of Brooklyn:

[W]hile nontherapeutic male circumcision remains common in some places, as a general practice it is forbidden in Catholic teaching for more basic reasons of respect for bodily integrity.... It is an amputation and mutilation, and, to my knowledge, no significant medical group in the world defends it as having any therapeutic value. In 1999 the Council on Scientific Affairs of the American Medical Association stated that neonatal circumcision is nontherapeutic because no disease is present and no therapeutic treatment is required. Modern Catholic Church documents do not deal explicitly with the morality of elective circumcision. The above basic principles, however, clearly render it immoral. It violates the bodily integrity of infant male children and unnecessarily deprives them of a part of their body that can protect the glans of the penis during infancy and serve at least a sexual function for adults. My understanding from physicians is that circumcision rarely if ever arises as an ethical consideration. Usually it is requested by the parents for more social reasons such as, it's always been done in our family. In that case, the procedure might be carried out in some places rather routinely, even if it is not what the child needs and no curative or remedial reason renders it ethical. [vii]

The reasoning behind Fr. Dietzen's conclusion is simple (but not simplistic, on account of the careful distinction that must be made in formulating the minor premise of a syllogism). The major premise is the general

precept: "All mutilation is contrary to the natural moral law (and thus forbidden by Catholic doctrine)." The minor premise is historically factual: "Modern elective child circumcision (*periah*) is a mutilation." The conclusion is inescapable: "Therefore, modern elective child circumcision (*periah*) is contrary to the natural moral law (and thus forbidden by Catholic doctrine)."

Many Americans, who have innocently (certainly with invincible ignorance) viewed it as a harmless and morally neutral option, might be stunned to hear this verdict about the objective immorality of modern elective child circumcision. But their astonishment arises from seeing it through a provincial lens: the entrenchment of RMIC in US society ever since some famous British and American physicians of the Victorian period conducted a crusade to introduce it (virtually unheard of in Western Christendom until the mid-nineteenth century) for supposedly prophylactic reasons. These well-meaning but misguided medical doctors sought to prevent two kinds of disorder, which for them were intimately connected: physical disease and moral turpitude. Since surgery was almost the only weapon in their arsenal during an era devoid of effective drugs, they decided to inaugurate a mass campaign of excising the "filthy and malodorous cesspool" of the preputial cavity that could harbor the seeds of physical

decomposition. Since they were mostly Protestants (along with some high-profile Jews) lacking the spiritual healing of the Sacraments, their pragmatic approach to inhibiting moral vice from taking root was to extirpate the mobile sheath they deemed the source of "irritation" (i.e., stimulation). Aware of the foreskin's pleasure-enhancing attributes, they knew what they were doing when they espoused surgery as the surest way to blunt male erotic excitation. After a short period (during the late nineteenth and early twentieth century) of experimentation with solely punitive circumcision of boys caught materially transgressing the sixth commandment, the American medical profession (assuming a pseudo-divine jurisdiction) gradually settled into the prevalent routine of prophylactic male neonatal circumcision, whose rate peaked at about 85% around 1980 and apparently stabilized (with annual variations) somewhere between 50% and 60% after 1990. Thus, RMIC arose in America as an ostensibly "noble" application of the fatally flawed ethical dictum: the end justifies the means.

Though performed in scattered places throughout human history, elective circumcision has generally been regarded with loathing and revulsion. Even the OT Israelites found it an unpleasant task to carry out their non-invasive token ritual, as St. Peter indicates in Acts 15:10. And still today most of the world (Europe,

Russia, Latin America, and the Far East with the exception of the Philippines and South Korea) views it as barbaric.

The Catholic Church has reprobated the practice of circumcision (done for religious motives) from her very beginnings, as recounted in the Acts of the Apostles. In a General Audience, Pope Benedict XVI summarized the scriptural evidence:

> Together with Paul, he [St. Barnabas] then went to the so-called Council of Jerusalem where after a profound examination of the question, the Apostles with the Elders decided to discontinue the practice of circumcision so that it was no longer a feature of the Christian identity (cf. Acts 15: 1-35). It was only in this way that, in the end, they officially made possible the Church of the Gentiles, a Church without circumcision.[viii]

The letters of St. Paul, in particular Galatians 2:3-5; 5:1-12; 6:12-15 (cf. Acts 21:21), are replete with criticisms of those who would impose the burden of Old Covenant circumcision (*milah*) on members of the New Israel of God, the Church. Although he was writing well before the introduction of the severely reductive surgery of *periah*, in Philippians 3:2-3 he *could* be uttering a prophetic warning about its coming, since he uses *peritomai* ("cutting around") to refer to traditional circumcision but by contrast *katatomai* ("cutting away" or "cutting off") in the pejorative sense of an injurious excision: "Beware the dogs, beware

the evil-doers, beware the mutilation [*katatomen*], for we are the circumcision [*peritomai*]." Of course, henceforth this new "circumcision" would be of the heart, bearing only spiritual significance (cf. Romans 2:29; 4:9-12). Evidently, then, the token physical circumcision of St. Timothy in Acts 16:3 was a singular exception for St. Paul, to which St. Timothy obviously consented, making *it* (merely an act of *milah*) completely unlike the pre-emptive, non-therapeutic radical surgery (*periah*) done on a non-consenting child in later times.

Traditional Catholic opposition to circumcision of any kind (even merely *milah*) continued into subsequent centuries. Many Church Fathers (for example, Sts. Justin Martyr, Cyril, Jerome, John Chrysostom, John Damascene, and Augustine) spoke against it, not surprisingly, for religious reasons. Writing after the start of *periah*, St. Ambrose explained its detrimental character on ontological grounds: "Nature has created nothing imperfect in man, nor has she bade it be removed as unnecessary."[ix] In other words, if God created the prepuce as a universal component of human genital structure (for both male and female), then it must have an important and a "very good" purpose (see Genesis 1:31, Wisdom 11:24).

According to the General Council of Vienna (1311), "Christians may not be enticed into Judaism; neither may they be circumcised for

any reason." During the Council of Florence (1438-1445), Pope Eugene IV signed the bull *Cantate Domino* (1441-1442), which warns:

> All, therefore, who after that time [the promulgation of the Gospel] observe circumcision and the Sabbath and the other requirements of the [Mosaic] law, it [the Holy Roman Church] declares alien to the Christian faith and not in the least fit to participate in eternal salvation, unless some day they recover from these errors. Therefore, it commands all who glory in the name of Christian, at whatever time, before or after baptism, to cease entirely from circumcision, since, whether or not one places hope in it, it cannot be observed at all without the loss of eternal salvation.[x]

In this sweeping injunction against circumcision in general (*a fortiori* the mutilation of *periah*), no exceptions are made for parents who vainly desire cosmetic or aesthetic re-sculpting for their son, thinking "he will look better that way" – a frivolous reason in light of the considerable risks of unnecessary painful surgery on a neonate (hemorrhage, infection, ulceration, partial or total disfigurement, and even death). Nor for those who are pressured by quasi-compulsory social norms into feeling that their son must "match" a mutilated father or brother or cousin or classmate. Neither personal nor cultural ends can justify the morally objectionable means of confiscatory surgery on a

healthy body, coercing a lad into surrendering a valuable part of his God-given masculine endowment (nowadays for the gain of biotech companies who reap huge profits from processing foreskins acquired through cooperative hospitals).

Even if the statistically prophylactic benefits that have been alleged amidst much controversy were confirmed (and all have been debunked thus far, including such standard reasons as preventing penile cancer and AIDS), there would still remain blatant ethical problems in damaging a presently healthy organ in order to prevent the possible contraction of some future ailment. Either the purported benefit would accrue to the boy or not. If not, offering instead only potential advantage for some hypothetical parties (such as theoretically reducing the odds of transmitting cancer to a future wife or a venereal disease to other so-called "sex partners"), then the boy's currently healthy body is patently being treated as a mere object of utility for society, and hence his sacred human dignity is being gravely debased. In such a case, the surgery is inherently abusive. But even if the intention is to benefit him personally, there is no way for anyone other than God to know whether a projected unfavorable scenario will ever materialize, and thus no way to know what a proportionate trade-off now would be. Operating in infancy with no medically warranted justification guarantees a

definite deformity and disability for a formerly normal system – a wound that could well have turned out to be utterly needless.

Of course, it is true that if organs are excised, then every possibility of localized disease is thwarted. But this logic would lead to everyone walking around with missing bodily members (not even walking, if the feet were to become a prophylactic target). A principle of routine pre-emptive surgery, if applied consistently, would require the universal removal of several bodily organs much more susceptible to serious disease than the prepuce (for example, tonsils, appendix, prostate, breasts).

With regard to hygiene (an obsessive concern of the Victorian era), a baby is actually safer with the defense of a prepuce to hinder urethral entrance of diaper contaminants. Yes, it would be "convenient" (saving time and effort) not to have to wash certain bodily areas, for example the folds of the ears, but no one advocates routine slicing of the outer ears for this reason. Similarly, females have genital folds more interiorly convoluted than what intact males have, demanding more meticulous cleansing, but in the West it would be viewed with horror to advise the removal of healthy female parts for the sake of convenience for girls and women. It promotes a double-standard, then, for male circumcision to be recommended on the grounds of better hygiene; indeed, surgery is certainly an

extremely drastic substitute for the remedy of simple water and mild soap. The counsel of "convenience" has undoubtedly been a scare tactic aimed at parents, as has the discredited diagnosis of "congenital phimosis" (which stems from ignorance about the duration of time required for a fully retractile foreskin). If given the option, it can be presumed that an ordinary man would rather take an extra minute for daily washing than to have lost a normal part of his anatomy as a baby without his consent. This tube is fleshly matter that really does matter: it is indispensable in the sense that no other bodily organ can replicate its function.

Moreover, non-therapeutic child circumcision is a violation of the Golden Rule, a cardinal principle of morality. Indeed, how many people would want a portion of *any* organ (never mind a most intimate one) of their body to be cut off without medical necessity and without their consent?

The bottom-line is that, while parents enjoy many prudential prerogatives in their children's upbringing (where they live and attend school, how they worship, what they eat, which amusements they engage in, whom they associate with, etc.), parental rights end when it is a question of irrevocably altering a child's natural anatomy and physiology – as though their offspring were designer property instead of precious gifts granted them by God for their

loving custody. Though infinitely less grievous than legalized abortion, this socially-sanctioned option for routine infringement against the inviolable human right of babies to their own bodily integrity is nevertheless unjust and should be banned.

Resources Used

Books

Rosemary Romberg, *Circumcision: The Painful Dilemma* (1985)
Ronald Goldman, *Circumcision: The Hidden Trauma* (1997); *Questioning Circumcision: A Jewish Perspective* (1998)
David Gollaher, *Circumcision: A History of the World's Most Controversial Surgery* (2000)
Robert Darby, *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (2005)
Leonard Glick, *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America* (2005)

Websites

www.mothersagainstcirc.org
www.CatholicsAgainstCircumcision.org
www.DoctorsOpposingCircumcision.org
www.nocirc.org
www.cirp.org
www.historyofcircumcision.net

Videos

Several videos of actual circumcisions are available on YouTube for those who feel they can tolerate watching even a portion of one of them: Circumcision Video (Plastibell Circumcision) by Selva3310; Plastibell circumcision by lindies 18; Circumcision by Brownyman; Medical Gallery – Male Circumcision by medicalgallery; The Surgery: Infant Circumcision Part 1 by newbornbabycare; Circumcision Video by Nathan1097; Birth As We Know It: Circumcision by mgmbill; Neonatal Circumcision; Mother Nurse Intactivist: Gillian Longley

Notes

[i] *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation ("Donum Vitae"),* Congregation for the Doctrine of the Faith, 1987.

[ii] *CCC,* n. 2297.

[iii] *Ethical and Religious Directives for Catholic Health Care Services* (Fifth Edition, 2009), n. 29.

[iv] *De Synodo dioecesana,* http://www.docstoc.com/docs/17699207/Why-Christians-need-not-be-circumcised.

[v] *Casti Connubii*

[vi] http://www.historyofcircumcision.net/index.php?option=content&task=view&id=74.

[vii] John J. Dietzen, "The Morality of Circumcision", *The Tablet,* 30 October 2004, p. 33.

[viii] Wednesday, January 31, 2007.

[ix] Quoted in Paul M. Fleiss and Frederick M. Hodges, *What Your Doctor May NOT Tell You About Circumcision* (Warner Books: 2002), p. 100.

[x] Denziger 712.

Elective Child Circumcision and Catholic Moral Principles

Traditional ethical principles have generally proscribed proxy consent to unnecessary surgery, especially to an operation permanently altering normal anatomy or detracting from natural organic functionality.[82] It has rightly been taken as a major premise of moral reasoning that personal dignity (encompassing the right to bodily integrity and a high degree of autonomous choice) precludes medical compliance with a third-party petition for surgical intervention, unless of course therapeutic urgency demands the involvement of a non-competent patient's kin or guardian according to an ethically correct application of the principle of totality. Since even direct requests by a patient himself for amputation of one of his own healthy bodily members should be rejected by a surgeon on

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[82] See, for example, Benedict M. Guevin, "The Principles of Informed (Proxy) Consent and Totality in the Reputable Practice of Medicine," *American Journal of Jurisprudence* 41 (1996): 189–202.

ethical grounds,[83] *a fortiori* no one else ought to be permitted to authorize non-remedial surgery.[84]

A curious exception, however, has been made in the case of elective male neonatal circumcision since the late nineteenth century, when Victorian physicians successfully campaigned to inaugurate the practice for purportedly prophylactic reasons (physical and spiritual) in the United States and several other predominantly Protestant countries within the British Dominion.[85] Its introduction here was

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[83] See Nicanor P. G. Austriaco, "Requests for Elective Amputation", *Ethics and Medics,* National Catholic Bioethics Center, February 2011; Edward N. Peters, "Canon Law and Apotemnophilia", *Ethics and Medics,* February 2011; John M. Haas, "The Totality and Integrity of the Body", *Ethics and Medics*, February 1995.

[84] Robert S. Van Howe, "Why Does Neonatal Circumcision Persist in the United States?", in *Sexual Mutilations: A Human Tragedy*, ed. George C. Denniston and Marilyn Fayre Milos (New York: Plenum Press, 1997), 113: "The physician is all the more obligated to refuse third-party requests to perform a non-therapeutic, mutilative surgery on unconsenting individuals."

[85] Rosemary Romberg, *Circumcision: The Painful Dilemma* (South Hadley, MA: Bergin & Garvey Publishers, 1985), 96-132; David Gollaher, *Circumcision: A History of the World's Most Controversial Surgery* (New York: Basic Books, 2000), 73-108; Paul M. Fleiss and Frederick M. Hodges, *What Your Doctor May NOT Tell You About Circumcision* (New York: Warner Books, 2002), 118-125; Geoffrey P. Miller, "Circumcision: Cultural-Legal Analysis", *Virginia Journal of Social Policy & the Law* 9 (Spring 2002): 497-585; Leonard Glick, *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America* (New York: Oxford University Press, 2005), 139-178; Robert Darby, A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain (Chicago: University of Chicago Press, 2005), 167-310; Morris L. Sorrels, "The History of Circumcision in the United States: A Physician's Perspective", in *Male and Female Circumcision: Medical, Legal, and*

anomalous, never having been a social custom in the nations of Western Christendom nor in most of the world outside the Mideast-African spheres. Although the incidence of routine male infant circumcision (RMIC) declined to fairly low levels (well under 40%) after several decades of prevalence in England, Canada, and Australia, the rate remained high in the USA for a century (peaking at 80-90% from the late 1960s to the late 1970s and apparently stabilizing at about 60% from 1990 to 2002),[86] with recent reports of a dramatic drop from 56% in 2006 to 33% in 2009.[87] This historical puzzle raises a number of critical questions. Is RMIC truly an innocuous

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Ethical Considerations in Pediatric Practice, ed. Denniston, Hodges, Milos (New York: Kluwer Academic /Plenum Publishers, 1999), 331-338; "Male circumcision: global trends and determinants of prevalence, safety and acceptability", *World Health Organization and Joint United Nations Programme on HIV/AIDS* (2007), 11, http://whqlibdoc.who.int/publications/2007/9789241596169_eng.pdf.

[86] "Male circumcision", WHO, *ibid.*

See Dan Bollinger, "Normal versus Circumcised: U.S. Neonatal Male Genital Ratio", 2004, white paper, http://www.cirp.org/library/statistics/bollinger2004/; also circinfo.net, http://www.circinfo.net/rates_of_circumcision.html. The UN WHO report, 7, estimates that "approximately 30% of the world's males aged 15 years or older are circumcised. Of these, around two thirds (69%) are Muslim (living mainly in Asia, the Middle East and North Africa), 0.8% are Jewish, and 13% are non-Muslim and non-Jewish men living in the United States of America."

[87] Roni Caryn Rabin, "Steep Drop Seen in Circumcisions in U.S.", *New York Times*, August 16, 2010, p. D6, http://www.nytimes.com/2010/08/17/health/research/17circ.html?_r=4.

procedure or is it instead an actual mutilation? Does RMIC really prevent any disease? If so, could such prophylaxis be achieved by a less drastic means than performing surgery on a healthy bodily organ? Is there a proportionate trade-off between the inherent injury done (along with the risks of unintended adverse consequences) and potential benefits? When the surgery is not strictly medically indicated, do parents have the moral right to authorize it for cultural or cosmetic reasons or in pre-emptive anticipation of statistically possible future hazards?

The Multiple Meanings of "Circumcision"

Right from the start, a crucial distinction must be drawn between the modern version of so-called "circumcision" and the ancient ceremony properly called "circumcision", which was commanded by God under the Abrahamic-Mosaic Covenant as a prefiguring of the Passion of Christ and of the Baptism of Christians. There is a grievous equivocation in predicating the term "circumcision" of two objectively different kinds of acts.[88] The original ritual did indeed consist in simply "cutting around" (*circumcisio* in Latin and *peritomai* in Greek, as used by St. Paul in

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[88] Romberg, 33-44; Gollaher, 6-17; Glick, 43-54; Fleiss and Hodges, 104; see also Darby, 251.

Philippians 3:3 and elsewhere), because it entailed a circumferential clipping of the protruding flap or tapered neck (the *akroposthion*) of the prepuce (the tubular sac-like sheath extending from the shaft of the penis near the coronal sulcus over the glans and usually beyond it in infants). But this cut, though painful, was merely a token truncation of the overhang tip of the foreskin, symbolizing the "circumcision of the heart, in the spirit" (Romans 2:29) that would be perfectly fulfilled through baptism, faith, and repentance in the New Law thanks to application of the merits of the Messiah's redemptive suffering (see Colossians 2:11-13).[89] This Old Testament rite involving a limited incision is named *brit milah* ("covenant cut") in Hebrew.

In contrast, the version of genital surgery imported to the Anglophone countries of the West by the Victorian medical establishment was modeled on what is called in Hebrew *brit periah* ("opening" or "uncovering"), which consists in the extirpation of the prepuce in its entirety, leaving the glans completely bare. This radical procedure was instituted around the middle of the second-century AD by the rabbinical overseers of

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[89] Thomas Aquinas, *Summa Theologiae* I-II, q. 102, a. 5, ad 1; III, q. 37, a. 1, ad 1-3.

post-OT Judaic religious identity. Since the Greeks deemed an exposed glans indecent in gymnasia and during athletic contests conducted for men in the nude, it had become a common practice for Hellenizing Jewish males to stretch forward their residual foreskins over the glans in order to conform to this Greek standard of modesty – a method (*epispasmos*) that would not have been feasible had they not still possessed substantial preputial remnants from *milah*. Convincing scriptural evidence for this is found in 1 Maccabees 1:16 (D-R), which declares: "they made themselves prepuces" (*preputia sibi fecerunt* according to the old Latin translation of the Septuagint). The rabbis, incensed by what they construed as a perfidious betrayal of the Covenant, determined to put an end to this practice of "uncircumcision" by instituting the further process of *periah* after *milah* in every *bris*. They decreed that henceforth all circumcisions must tear off and rip away the whole prepuce from the shaft, resulting in its total removal accompanied by irreversible denudation of the glans.[90] This drastic extension of the

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[90] Glick, 46-47, locates textual evidence for this novel rabbinical mandate in the *Mishnah*, under the order *Moed* ("Festivals") in the tractate *Shabbat* ("Sabbath") in Chapter 19 (Shab. 19.2). *The Jewish Encyclopedia* , which describes the steps involved in both *milah* and *periah* in its article on Circumcision , is referenced by Miriam Pollack, "Circumcision: If It Isn't Ethical, Can It Be Spiritual?", in

original act of true circumcision may correspond to what is translated as "concision" ("cutting away" or *katatomai*) in Philippians 3:2 (D-R).

Modern circumcision (though executed in hospitals with probes, forceps, clamps, and scalpels instead of the knives and long sharpened fingernails of mohels) is essentially *periah*, hence characterized by definite consequences that would not have manifested themselves upon the simple act of *milah* in the biblical epoch before the rabbinical intervention around 150 AD. Therefore, adequately addressing the questions posed at the outset of this inquiry demands two prior tasks: first, a more elaborate examination of exactly what this brand of surgery actually accomplishes and, second, an amplified clarification of precisely what constitutes a mutilation forbidden by the natural moral law.

Circumcision and Human Rights, ed. George C. Denniston, Frederick M. Hodges, Marilyn F. Milos (Springer Science, 2009), 189-194. A thorough treatment of the history of this distinction is given in the extensive research article by Nissan Rubin, "Brit Milah: A Study of Change in Custom", in *The Covenant of Circumcision: New Perspectives on an Ancient Jewish Rite*, 2003, edited by Elizabeth Wyner Mark, 87–97, UPNE: https://books.google.com/books?id=nAfUF2_ClqgC&lpg=PP1&dq=circumcision%20new%20perspectives&pg=PA87#v=onepage&q=circumcision%20new%20perspectives&f=**false**.

What the Prepuce is and What Modern Circumcision does to it

Some expert authors, both physicians and non-MD researchers, have recounted in learned and wondrous detail the nature and functions of the prepuce, in order to disabuse the public (including, unfortunately, some uninformed medical professionals) of the misconception that the prepuce is "just a bit of extra skin" that circumcision "snips off".[91]

First of all, every primate (perhaps every mammal whatsoever), both male and female, is born with a prepuce as a normal endowment, covering the *glans clitoris* in females and the *glans penis* in males. In fact, for human males (who, without doubt among all mammals, are the

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[91] Douglas Gairdner, "The Fate of the Foreskin: A Study of Circumcision", *British Medical Journal* 2 (December 1949): 1433-1437; William Keith C. Morgan, "The Rape of the Phallus", *Journal of the American Medical Association* 193, No. 3 (July 1965): 123-124; W. K. C. Morgan, "Penile Plunder", *The Medical Journal of Australia* 1 (May 1967): 1102-1103; J. R. Taylor, A. P. Lockwood and A. J. Taylor, "The prepuce: Specialized mucosa of the penis and its loss to circumcision", *British Journal of Urology* 77 (February 1996): 291-295; C. J. Cold and J. R. Taylor, "The prepuce", *British Journal of Urology* 83, Suppl. 1 (January 1999): 34-44; Mervyn M. Lander, "The Human Prepuce", in *Sexual Mutilations: A Human Tragedy*, 77-83; Steve Scott, "The Anatomy and Physiology of the Human Prepuce", in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, 9-18; James L. Snyder, "The Normal, Natural Penis and the Effects of Circumcision", in *Circumcision and Human Rights*, 109-119; Paul Fleiss and Frederick Hodges, *op. cit.*, 1-30; Thomas J. Ritter and George C. Denniston, *Doctors Re-examine Circumcision* (Seattle: Third Millenium Publishing Company, 2002), *passim*.

most susceptible to deliberate privation of it), the prepuce is best conceived as an integral part of a holistic penile system. It features ordinary skin (the "outer foreskin") and a highly specialized mucous membrane (the "inner foreskin") with its ridged band and smooth mucosa analogous to the inner surface of the eyelid, the oral cavity and lips, the nasal passages, the urethral tunnel, and the anus. The intact prepuce also has a frenulum – a ligament tethering the ridged band to the ventral aspect of the glans, similar to the labiogingival and lingual frenula inside the mouth.[92] The entire male preputial tube serves as a protective and sensory organ, containing smooth muscle tissue (the *dartos fascia*), a dense supply of blood vessels (veins and arteries), and a richly innervated network laden with at least ten thousand nerve endings.

Francisco Garcia makes some pertinent, profound distinctions in his perspicuous explication of this intricate and technical matter:[93]

The intact penis is covered by one single continuous skin sheath or skin system. The skin sheath is partly folded at

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[92] Lander, 79, calls the frenulum "God's gift to man", depicting it as "a male's most sensitive erogenous zone", which is "usually excised in neonatal circumcision."

[93] Francisco Garcia, "What exactly is circumcision and what is it not?", Dec. 1995, http://www.cirp.org/library/anatomy/garcia/.

different times. This folded part of the skin system is called the foreskin or prepuce. The fold of skin is often mistaken as a single layer, or a flap of skin. This is wrong. Instead, it is a free, two-layer fold that forms when the skin coming down the penis from the shaft folds underneath itself somewhere near the tip of the penis then travels back to an attachment point behind the glans. The two sides of the fold do not adhere to each other even though they lie flat against each other appearing to form a single flap of skin. Also, in the adult the skin system does not adhere to the glans so it can unfold back off of the glans, leaving it fully exposed. When we speak of this skin sheath we are not talking about the surface of the glans itself in the same way that we talk about the surface of the shaft, because the glans has no real skin. When we talk about the skin covering of the glans, this can only mean the foreskin. The foreskin is its skin covering.

A significant anatomical error has been made historically and continues today in describing the penis by delineating the "foreskin" as a separate anatomical structure from the shaft skin.... The foreskin is not a separate anatomical structure from the rest of the skin of the penis. This is actually an artificial separation. When the word foreskin is used, rather than referring to a separate part of the penis, it means the part of the continuous skin system which happens to be folded over the glans at any given time. So there is no real anatomical border to the "foreskin." Since the proportion of the skin system that is folded over the glans increases and decreases by folding and unfolding to various degrees all the time, we realize that "foreskin" is a poor way of describing the anatomy of the penis. Instead, more accurate terminology might be to describe that part of the skin system which covers the glans as the "forefold of the skin system."

Unlike the false border between "foreskin" and shaft skin, there is a real anatomical border which exists

in the skin system. It is between the mucosal, or non-keratinized, part of the skin system (which consists of the inner lining of the foreskin along with the surface of the glans) and the keratinized part (which is the outer penile skin, including the outer foreskin). That border is at the most distal part, or tip, of the skin system – it is the tip of the forefold.

The entire skin system moves freely. In the intact (uncircumcised) male, the penis has a low friction gliding plane immediately beneath the surface of the skin which is like no other body structure. This means that the skin of the penis does not adhere to the underlying tissue the way that skin adheres to other parts of the body. This unique quality allows the entire skin of the penis to move as a unit back and forth longitudinally or around the shaft circumferentially making it the most mobile skin in the intact male.... The free fold of the skin system which we call "foreskin" unfolds and re-folds constantly to varying degrees, adjusting to the current state of the penis. It is a very dynamic system. The foreskin, among other functions, provides the penis with a reservoir of skin which is needed during erection. The skin of the erect, intact penis is still mobile and loose, allowing the mucosal inner foreskin to roll back and forth over the glans.

Garcia goes on to emphasize: "The foreskin is not 'extra' skin which protrudes from the shaft. There is no extra skin on the body – this is a silly notion." Indeed, his assertion squares with the law of divine economy articulated by St. Paul in 1 Corinthians 12:14-26, a passage expounding the reciprocity of all bodily members in an ontologically cohesive unit of integral necessity.

Similarly, the paper of J. Taylor, A. Lockwood, and A. Taylor culminates in a summation evocative of this Pauline version of the law of parsimony ("Ockham's razor"), as applied to the mutually advantageous roles played by the preputial apparatus and adjacent parts within the whole penile system. It thus exhibits the prepuce's irreplaceable (non-substitutable) character:[94]

> Clearly, the penis is a complex organ with many different parts, each specialized for a specific role. The prepuce provides a large and important platform for several nerves and nerve endings.... In short, the prepuce should be considered a structural and functional unit made up of more and less specialized parts.... It is generally thought that the prepuce protects the glans. However, it is equally likely that the glans shapes and protects the prepuce. In return, the glans and penile shaft gain excellent if surrogate sensitivity from the prepuce.

Now, the modern method of circumcision (*periah*), with its full preputial ablation (unlike *milah*), destroys the folded part of the penile skin system, obliterating the following parts: the *dartos* muscular sheath, the ridged band and smooth mucosa of the inner foreskin, sebaceous glands, blood vessels, the nervous network together with its thousands of responsive nerve endings, a large fraction (estimated between

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[94] J. R. Taylor, A. P. Lockwood, A. J. Taylor: 294.

thirty and eighty percent[95]) of what would have been the adult male penile epithelium, and usually the frenulum. As the aforementioned (and many other) authors explain, this operation does not remove some superficial excess skin, but rather cuts off an integral component of the male reproductive organ itself: it is essentially reductive sexual surgery.[96]

Moreover, when *periah* is performed on a boy before his prepuce has naturally detached from his glans and becomes retractile (a process that can take many years, even up to puberty, for completion), the synechial membrane adhering the preputial and glans surfaces must first be forcibly ruptured by a blunt metal probe or hemostat. This operation (called "synechtomy") is in itself an excruciating procedure preceding any terminal excision, which will only further intensify the already unbearable pain – so traumatic that the baby may "lapse into a semi-comatose state marked by non-REM brain disturbances".[97] This apparent shock of "dissociative silence" manifests a withdrawal

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[95] Ritter and Denniston, 18-1; Fleiss and Hodges, 4, 86. According to Fleiss and Hodges, 4: "If the average adult foreskin were unfolded and laid out flat and unstretched, it would be approximately the size of a 3 X 5 index card. Moderately stretched, it would entirely cover a man's forehead or the back of his hand and fingers."

[96] Fleiss and Hodges, 51.

[97] George Denniston, "Tyranny of the Victims", in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, 222-223.

(from a hostile environment) that is the body's innate defense mechanism in the face of intolerable insult.[98]

An immediate result of this extensive subtractive surgery is externalization of the glans (naturally designed as an internal organ), thereby initiating the constant exposure of the infant's urethral meatus to the contaminants of diaper wastes and increasing the likelihood of inflammation and infection. A protective emollient substance (smegma), which keeps the glans smooth, soft, supple, and moist, is no longer secreted.[99]

For a mature male, a delayed adverse consequence, which accompanies keratinizing of the glans, is the gradual diminution (eventual elimination with advancing age) of erogenous sensitivity and sexual potency to the point of requiring ED drugs.[100] According to Christopher Fletcher (of Doctors Opposing Circumcision), "Circumcision is not simply a little snip, but a major and brutal surgery on the most sensitive part of a male's anatomy, with lifetime consequences for all cut boys. Erectile dysfunction, increased infections in boys, such as multi-antibiotic resistant staphylococcus aureus

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[98] Pollack, *op. cit.*, 191; see also Ronald Goldman, Circumcision: The Hidden Trauma (Boston: Vanguard Publications, 1997), 20-28, and Romberg, *op. cit.*, 283-286.

[99] Ritter and Denniston, 6-1— 6-2.

[100] Garcia, *loc. cit.;* Fleiss and Hodges, 64, 71-72; George Denniston, "Tyranny of the Victims", 232.

(MRSA), lack of sensitivity, etc." [101] A study published in the British Journal of Urology concludes: "Circumcision ablates the most sensitive parts of the penis."[102]

Furthermore, the loss of tissue mobility, which would have been supplied by a dynamical integumentary complex, deprives a man of a gliding, cushioning, massaging, and lubricating mechanism that would have facilitated non-abrasive coitus – a loss that is also detrimental to his wife, who may thereupon suffer from excessive dryness, soreness, and irritation.[103] The frustrating problem of needing artificial lubricants and more intense modes of stimulation has a deleterious effect on the marital harmony of "two in one flesh".[104] Thus, modern circumcision

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[101] Dr. Fletcher continues, "I prescribe many times more Viagra, Cialis, etc. for circumcised guys than normal men." Letter of Reply, http://www.historyofcircumcision.net/index.php?option=content&task=view&id=74.

[102] Morris Sorrells, James Snyder, Mark Reiss, Christopher Eden, Marilyn Milos, Norma Wilcox, Robert Van Howe, "Fine touch pressure thresholds in the adult penis", *British Journal of Urology International*, 99, Issue 4 (April 2007): 864-869.

[103] Kristen with Jeffrey O'Hara, *Sex As Nature Intended It* (Hudson, MA: Turning Point Publications, 2001), *passim*, esp. 52-99, 115-170. Fleiss and Hodges, 26-28, 86-88.

[104] O'Hara and O'Hara, *ibid.* Fleiss and Hodges, *ibid.* According to C. Cold and J. R. Taylor: 40, "The increased frequency of masturbation, anal intercourse and fellatio reported by circumcised men in the USA may possibly be due to the sensory imbalance caused by circumcision. Clearly, amputation of the prepuce causes changes in sexual behaviour in human males…." Fletcher claims: "The Lauman lifestyle study (University of Chicago) … showed that

has negative ramifications for both phallic sensitivity and gentle (non-frictional) coition.[105] Garcia concludes: "What the operation called circumcision actually does then is to interrupt and significantly reduce the skin system of the penis

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circumcised men were more likely than uncircumcised (entire) men to need anal and oral sex, girlie magazines, X-rated movies, prostitutes, sex toys, masturbation, and were more likely to get syphilis and chlamydia, all simply the end results of seeking out avenues for stimulation because of the decreased functionality from lacking a foreskin and from the scarring caused by the mutilation itself." *Loc. cit.* Moses Maimonides speculated that curtailing erotic delectation, without interfering with procreative capacity, was indeed the main practical purpose of circumcision: "The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened." *The Guide of the Perplexed* , trans. by Shlomo Pines (Chicago: University of Chicago Press, 1963), Part III, Chapter 49, www.cirp.org//librarycultural/maimonides. Thomas Aquinas admits the possibility that a secondary reason for circumcision in the Old Law was a diminution of concupiscence. *Summa Theologiae* I-II, q. 102, a. 5, ad 1. Similarly, according to Gollaher, 44-52, among at least some Muslims a motive for male circumcision (a universal religious obligation in any case) is spiritual purification from carnal uncleanness, along with hygienic physical reasons. Although Islamic cutting rituals are variable, they tend to be more conservative than *periah*, preserving more preputial tissue (perhaps along with the frenulum). The Jewish Encyclopedia admits this difference between the two rituals in its article on Circumcision, http://www.jewishencyclopedia.com/view.jsp?artid=514&letter=C&search=circumcision#1807#ixzz1IG15GA.

[105] William K.C. Morgan, "The Rape of the Phallus": 124. W. K. C. Morgan, "Penile Plunder", *The Medical Journal of Australia*: 1103; Gerard Zwang, "Functional and Erotic Consequences of Sexual Mutilation", in *Sexual Mutilations: A Human Tragedy*, 71-72.

to a fraction of its normal anatomical and functional extent."[106] Hence, modern circumcision (*periah*) does in fact constitute the excision of a major portion of the unified penile organic system (an operation called "posthectomy"); indeed, it is referred to by the American Academy of Pediatrics (AAP) as "amputation of the foreskin".[107]

The General Definition of Mutilation and Conditions for its Moral Liceity

In this section, the meanings assigned to the term "mutilation" by a few authors are first synopsized for the sake of arriving at a comprehensive consensus formula, and then the warrants for its ethical permissibility are reviewed.

Thomas Aquinas treats maiming in the context of possible justifications for removing (or cutting off) a bodily member.[108] Edwin Healy in one book defines "mutilation" as "an action (an excision or the equivalent) by which an organic function or the use of a member of the body is

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[106] *Loc. cit.*

[107] Task Force on Circumcision, American Academy of Pediatrics, "Circumcision Policy Statement", *Pediatrics* 103.3 (March 1999, reaffirmed September 2005): 686-693, http://aappolicy.aappublications.org/cgi/content/full/pediatrics;103/3/686. See Ritter and Denniston, 2-1 – 2-6.

[108] *Summa Theologiae* II-II, q. 65, a. 1, c, ad 1-3.

partially or wholly destroyed."[109] Elsewhere, he elaborates further:

> The action consists of cutting out, crushing, burning, X-raying, or in some such manner directly destroying a part of the human body or of rendering an organ permanently inoperative. The mutilation may result in the suppression of an organic function – for example, the destruction of one's vision or power of procreation – or it may consist in the amputation of an arm or a leg. [110]

According to Austin Fagothey, "Mutilation is an action by which some part of the body is injured, destroyed, or separated from the rest of the body. The body is mutilated not only by cutting away some organ or member, but also by rendering useless some function or ability."[111] Martin O'Keefe defines "mutilation" as "some act by which a part of the body is permanently injured or destroyed."[112] Thomas O'Donnell states that "the medical-moral definition [of mutilation] is simply: 'the removal of an organ or the suppression of its function'."[113] Hayes, Hayes,

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[109] Edwin F. Healy, *Moral Guidance* (Chicago: Loyola University Press, 1942), 156.

[110] Edwin F. Healy, *Medical Ethics* (Chicago: Loyola University Press, 1956), 121.

[111] Austin Fagothey, *Right and Reason*, Second Edition (St. Louis: The C.V. Mosby Company, 1959), 301.

[112] Martin D. O'Keefe, *Known from the Things that Are* (Houston: Center for Thomistic Studies, 1987), 208.

[113] Thomas J. O'Donnell, *Medicine and Christian Morality* (New York: Alba House, 1976), 65-66.

Kelly, and Drummey characterize mutilation as "any lessening of the integrity of the human body", but distinguish further, subdividing into a "major" or "strict sense" (destructive of functional integrity) versus a "minor" or "broad sense" (non-destructive of functional integrity).[114] Christopher Kaczor expands on his definition:

> By "mutilation" I mean the *intentional* destruction or removal of an organ (or other *vital* body part) that inhibits the function that the organ has *or will likely have* in maintaining the health of the one possessing the organ. The removal or destruction must be *intentional*, rather than a foreseen side effect of the action, since the foreseen side effects of action do not define an action as a certain kind of action. Further, removing body parts *simpliciter*, such as trimming finger nails, is not mutilation, since they are not *vital* parts, parts necessary for the healthy functioning of the organism. Further, removing organs that are not now but will likely in the future inhibit health (such as a mastectomy upon discovery of precancerous growths) also is not mutilation [emphasis in original text].[115]

Perhaps a succinct all-encompassing definition would be that mutilation is the deliberate infliction of organic injury on a healthy bodily part (including its removal) that causes a

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[114] Edward J. Hayes, Paul J. Hayes, Dorothy Ellen Kelly, James J. Drummey, *Catholicism and Ethics* (Norwood, MA: C.R. Publications, 1997), 153-154.

[115] Christopher Kaczor, "The Ethics of Ectopic Pregnancy: A Critical Reconsideration of Salpingostomy and Methotrexate", *Linacre Quarterly* (August 2009): 275.

foreseen direct loss (whether actually or potentially permanent) of normal physical functioning. Thus, as Kaczor notes, clipping long finger (or toe) nails or head hair would not constitute mutilation under this definition, since no organic damage with loss of normal function results from the removal of excess nails and hair, which consist of essentially dead (keratinized) tissue and which will grow back anyway. On the other hand, it *would* be mutilation to uproot a child's hair follicles or tear nails out of their underlying beds in a deliberate fashion. Committing either of these deeds can be foreseen to disrupt in a causally direct manner the body's natural state of well-being and to bring about disfigurement: the former rendering the child irreversibly bald (with all that entails, including probable emotional torment) and the latter exposing the child's delicate mucous membranes to loss of a natural protective shield (even if the area later becomes calloused over and toughened again, it derogates from comeliness).

As is commonly known, Catholic moral theology down through the centuries has developed some sophisticated intellectual tools to resolve quandaries about issues of mutilation – the main ones being the principles of integrity and totality (and charity insofar as it does not

militate against these).[116] There are some key Magisterial pronouncements invoking both the principles of integrity and totality, which, though conjoined in these declarations, are distinguishable premises in moral reasoning.

(1) Pope Benedict XIV in *De Synodo dioecesana*: "The amputation of any part of the human body is never legal, except when the entire body cannot be saved from destruction by any other method."

(2) Pope Pius XI in *Casti Connubii*: "Christian doctrine establishes, and the light of human reason makes it most clear, that private individuals have no other power over the members of their own bodies than that which pertains to their natural ends: and they are not free to destroy or mutilate their members, or in any other way render themselves unfit for their natural functions, except when no other provision can be made for the good of the whole body." [117]

(3) Pope Pius XII in Address to the Twenty-sixth Annual Convention of the Italian Society of

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[116] See, for example, Germain Kopaczynski, "Totality and Integrity", in *Catholic Health Care Ethics: A Manual for Practitioners*, Second Edition, Edited by Edward J. Furton with Peter J. Cataldo and Albert S. Moraczewski (Philadelphia: The National Catholic Bioethics Center, 2009), 13-15.

[117] Quoted in O'Donnell, 67.

Urologists (clarifying the range of applicability of the principle of totality): "The decisive point here is not that the organ that is removed or rendered functionless is itself diseased, but that its preservation or its function entails either directly or indirectly a serious threat to the whole body. It is quite possible that by its normal functioning a healthy organ may exercise an influence of such a nature on a diseased organ as to aggravate the disease and its consequences throughout the whole body. It can also happen that the removal of a healthy organ and the suppression of its normal functioning will remove from a disease, cancer, for example, its field of growth, or, in any case, essentially change the conditions of its existence. If there is no other means at our disposal, surgical intervention on the healthy organ is permitted in both cases. The conclusion that we have reached is deduced from the right of disposition that man has received from the Creator in regard to his own body, in accord with the principle of totality, which is valid here also, and in virtue of which each particular organ is subordinated to the whole body and must yield to it in case of conflict." [118]

(4) The *Catechism of the Catholic Church*, n. 2297: "Except when performed for strictly

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[118] Quoted in O'Donnell, 69-70.

therapeutic medical reasons, directly intended amputations, mutilations and sterilizations performed on innocent persons are against the moral law."

(5) The U.S. Conference of Catholic Bishops, in *Ethical and Religious Directives for Catholic Health Care Services* (Fifth Edition, 2009): "29. All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.... 33. The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient."

All of these Magisterial teachings make provision for therapeutic *physical* reasons for surgical intervention. None of them make allowance for the *spiritual* (i.e., morally preventative) aims motivating noble Victorian physicians to advocate the standard practice of circumcising all male babies – routine surgery whose ethical rationale seems implicitly to invoke

the utilitarian premise that beneficial consequences (i.e., less available flesh for boys to experience potential carnal "irritation" or erotic excitation) are sufficient to justify the means employed.

Is RMIC a Medically Warranted Mutilation?

If the account given in the section on the nature of the prepuce (and how modern circumcision affects it) is accurate about the devastating trauma that this operation inflicts on the natural functioning of this normal organic network (the dynamic preputial system of skin, mucosa, blood vessels, muscle, and nerves), then it logically follows from the definition of mutilation adopted in the preceding section that intentional extirpation of it (as in RMIC via *periah*) qualifies as a genuine mutilation. The question now is whether such routine surgery on male newborns can be defended as ethically legitimate. Since nearly everyone on both sides of the dispute grants at least the theoretical possibility that this medical intervention has potentially good and bad results (either or both arising at *some* point in time), an application of the Principle of the Double-Effect (PDE) would seem to be in order. According to this principle, (1) the medical intervention must be morally good (or at least neutral) in itself; (2) any negative consequences must not be directly

intended but rather merely tolerated; (3) any beneficial results must not be caused by means of any of the harmful effects but instead must flow from the operation itself; and (4) there must be a prudentially sufficient reason to permit any evil effects (or a reasonably adequate proportion between the benefits and drawbacks).

Although in the abstract the procedure of complete posthectomy (*periah*) is certainly morally neutral (since it may need to be performed for genuinely curative reasons in the case of pathology or injury), the problem here is whether modern circumcision taken concretely is indeed morally indifferent when it becomes a virtually automatic (or "routine") operation on a non-consenting individual. According to the medical ethics subsumed under Catholic moral theology (as articulated in the Magisterial pronouncements cited in the previous section), the ethical permissibility of such regular mutilation could be defended on the basis of the principle of totality if there were a persistent (or "routine") threat of adverse consequences stemming from the prepuce and afflicting (with prudential certitude) a virtually universal class of male babies – an abnormal state that could not be countered, for practical purposes, by a more conservative approach, which would of course by the ideal solution given the immense (though not absolute) good of preserving natural bodily integrity. Then the first condition of the PDE

would be satisfied, but this hypothesis assumes a great deal (it concedes a so-called "big if"). On the other hand, it could turn out that this species of act (RMIC taken concretely in its ordinary circumstantial manifestations) has an intrinsically disordered objective end (aside from the further subjective motives of the agents, such as putative prophylactic or cosmetic benefits), thus derogating from its moral neutrality and rendering it inherently unethical. Therefore, it must be further explored whether the justification of an adverse situation obtains, or could plausibly obtain, in the real world.

For the second condition of the PDE, it can be presumed that no parent or doctor would intend direct harm to an infant already allowed to be born (contrary to a case of procured abortion, especially "partial-birth" abortion). The third condition of the PDE is clearly met for the benefits usually extolled as deriving from preputial removal. As is fairly typical in controversies over an act that, though morally neutral, has multiple side-effects (some good and some bad), the fourth condition presents some serious difficulties for examination and resolution.

With regard to the fourth condition of the PDE, both proponents and opponents of RMIC juggle statistics and bandy studies back and forth, the former touting the surgery's advantages (along with parental prerogatives to "act in the

best interests of their son") and the latter highlighting its risks and deleterious consequences (along with a lad's right to self-determination at an age when he can give informed consent). Confronted with conflicting data, the American Academy of Pediatrics has in recent years attempted to balance both positions (or compromise between them) by asserting that RMIC is non-therapeutic ("not essential to the child's current well-being") despite "potential medical benefits" that must be weighed by the parents, who are delegated to make the final decision:[119]

Existing scientific evidence demonstrates potential medical benefits of newborn male circumcision; however, these data are not sufficient to recommend routine neonatal circumcision. In circumstances in which there are potential benefits and risks, yet the procedure is not essential to the child's current well-being, parents should determine what is in the best interest of the child.

Interestingly, fifteen years earlier the AAP had been more forthright (even apodictic) in admitting the damage done by circumcision:[120]

The glans at birth is delicate and easily irritated by urine and feces. The foreskin shields the glans; with circumcision this protection is lost. In such cases, the

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[119] See "Circumcision Policy Statement", loc. *cit.*

[120] American Academy of Pediatrics, *Care of the Uncircumcised Penis: Guidelines for Parents* pamphlet (Elk Grove Village, IL: 1984).

glans and especially the urinary opening (meatus) may become irritated or infected, causing ulcers, meatitis (inflammation of the meatus), and meatal stenosis (a narrowing of the urinary opening). Such problems virtually never occur in uncircumcised penises. The foreskin protects the glans throughout life.

While the American Medical Association ultimately defers to the AAP's 1999 (and implicitly 1989) statement, it releases its own cautionary paper (Report 10) with amplifications and qualifications. For instance, it remarks that "Recent policy statements issued by professional societies representing Australian, Canadian, and American pediatricians do not recommend routine circumcision of male newborns." It informs the reader: "In a joint publication with the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG) concluded in 1997 that 'newborn circumcision is an elective procedure to be performed at the request of the parents on baby boys who are physiologically and clinically stable.'" It observes that the 1989 AAP statement, of which the 1999 statement was a modification, "reversed a long-standing opinion that medical indications for routine circumcision were lacking. It emerged primarily on the basis of data that suggested circumcision caused a large reduction in the risk of urinary tract infections, particularly within the first year of life." The

Report then enters into a discussion of a "risk-benefit analysis" amidst the "debate on the wisdom of routine circumcision" that "centers on the possible benefits offered by circumcision, and whether they medically justify the risks associated with the procedure." The usual litany of ills is enumerated (phimosis, paraphimosis, balanitis, penile cancer in adult males, sexually transmitted diseases, and HIV/AIDS). But RMIC, insofar as it targets the very ailment (UTI) for which the AMA Report contends that the AAP reversed its stance, is now questioned: [121]

There is little doubt that the uncircumcised infant is at higher risk for urinary tract infection (UTI), although the magnitude of this risk is debatable.... The reliability of many studies examining circumcision status and UTI in infant males is weakened by lack of controls.... Despite the increased relative risk in uncircumcised infants, the absolute incidence of UTI is small in this population (0.4%-1%). Depending on the model employed, approximately 100 to 200 circumcisions would need to be performed to prevent 1 [one] UTI. In this case, a large relative risk reduction translates into a small absolute risk reduction because the baseline prevalence is low. One model of decision analysis concluded that the incidence of UTI would have to be substantially higher in uncircumcised males to justify circumcision as a preventive measure against this condition.

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[121] "Report 10: Neonatal circumcision", Council on Scientific Affairs of the American Medical Association (Chicago: AMA, 1999).

What the AMA Report does *not* stress outright (though the authors are undoubtedly aware of it) is that this relatively rare illness can be treated with antibiotics in the comparatively few cases where it is contracted, thus rendering precautionary surgery utterly otiose. [122] Moreover, there is a double-standard afoot, because baby girls are far more prone to UTI than either cohort of baby boys (whether circumcised or not), yet there is no suggestion proffered (at least not in Western countries) for any form (however mitigated) of female circumcision. [123]

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[122] Fleiss and Hodges, 154-156; Glick, 275; Ronald Goldman, *Questioning Circumcision: A Jewish Perspective* (Boston: Vanguard Publications, 1998), 18-19.

[123] Edward Wallerstein, "Circumcision: Information, Misinformation, Disinformation", in *Male and Female Circumcision: Medical, Legal, and Ethical Considerations in Pediatric Practice*, 507-517. Critiquing Thomas Wiswell (and implicitly his ardent disciple Edgar Schoen), who promoted RMIC for prophylaxis against UTI in contending that "preputial folds that are not amenable to ordinary cleaning may harbor great quantities of bacteria", thus proving that "the uncircumcised male urethra is more exposed to the contaminating fecal flora", Wallerstein retorts (516): "These words could equally describe the potential problem with the external genitalia of females. Do Wiswell *et al.* recommend female circumcision and/or vulvectomy?" Of course, in answer to Wallerstein's rhetorical question, they don't advise it because in the West it would be deemed Female Genital Mutilation and condemned. But this rightly antagonistic stance toward FGM evokes wonder why justifications for RMIC are so vigorously propounded and relentlessly pursued among certain quarters in the USA and a few other countries outside Western Christendom. Glick, 275, echoes Wallerstein's rejoinder: "Although girls are far more likely than boys to develop a UTI, no one proposes 'corrective' surgery to protect them."

Modern circumcision itself has potential complications more ponderous than whatever theoretical benefits may accrue for the prevention of UTI, such as hemorrhage, glans disfigurement, penile ablation, and even death (as well as the meatal ulceration and meatal stenosis long recognized by the AAP).[124] In fact, to its credit, the AMA Report recognizes these baneful possible sequelae, mentioning "bleeding and infection, occasionally leading to sepsis", "taking too much skin from the penile shaft causing denudation or … concealed penis", "formation of skin bridges between the penile shaft and glans, meatitis and meatal stenosis, chordee, inclusion cysts in the circumcision line, lymphedema, hypospadias and epispadias, and urinary retention." It continues by noting: "Case reports have associated circumcision with other rare but severe events including scalded skin syndrome, necrotizing fasciitis, sepsis and meningitis, urethrocutaneous fistulas, necrosis (secondary to cauterization), and partial amputation of the glans penis."[125]

As for the remaining prophylactic benefits allegedly deriving from RMIC, the UN World Health Organization avers: "Male circumcision is medically indicated for only a few conditions.

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[124] Gairdner, *op. cit.*; Romberg, 198-234; Gollaher, 152-157; Ritter and Denniston, 5-1 – 5-5, 32-1; Fleiss and Hodges, 51-82; Denniston, "Tyranny of the Victims", 230.

[125] AMA, *op. cit.*

There is substantial evidence that circumcised men have a lower risk of some reproductive tract infections, as well as penile cancer, but some of these conditions are rare while others are uncommon or treatable, and routine neonatal circumcision is not currently recommended on medical grounds."[126] The AMA Report itself concludes that "because this disease [penile carcinoma] is rare and occurs later in life, the use of circumcision as a preventive practice is not justified.... The low incidence of urinary tract infections and penile cancer mitigates the potential medical benefits compared with the risks of circumcision."[127]

Yet the controversy continues unabated, with statistical correlations put forward by proponents and refuted by opponents. As with UTI, opponents maintain (concurring with the afore-mentioned statements of the WHO and the AMA) that penile cancer is rare anyway; furthermore, its incidence among elderly men in the circumcising USA is roughly the same as in non-circumcising Europe and is related more to proper hygiene than the mere presence of a foreskin.[128] RMIC advocates reply that the foreskin is a primary site of this sort of

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[126] WHO, *op. cit.*, 21.

[127] AMA, op. *cit.*

[128] See Romberg, 235-249, especially a comparative chart on 241 showing the distribution of penile cancer rates across various countries.

carcinoma, which could be impeded with a nearly absolute guarantee by RMIC. Even if this claim were true, it would seem to prove too much. William K. Morgan points out that "cancer of the tongue occurs only in those subjects with tongues, and the possibility of developing glossal cancer can hardly be used as a pretext to prophylactically remove this organ." He goes on to assert that "appendicitis is responsible for many more deaths than is penile cancer, but routine appendectomy is not yet the rule and is unlikely to become so"; in addition (quoting the verdict of V. F. Marshall), "if cancer prevention is to be an end in itself, then bilateral simple mastectomy in female infants would probably be an even more effective measure."[129]

There is an analogous situation with regard to STD and AIDS. On the one hand, the UN WHO states: "Promotion of male circumcision for medical benefit has always been controversial, largely due to the lack of evidence for a strong protective effect of male circumcision against common diseases. However, there is now conclusive evidence that male circumcision significantly reduces risk of HIV infection in men."[130] But, even if this claim were true in places such as Africa, demonstration of circumcision's power to prevent AIDS is woefully deficient within the First World nations.

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[129] Morgan, "Penile Plunder": 1102.

[130] WHO, *op. cit.*, 29.

For example, the USA has one of the highest infant circumcision rates on earth as well as one of the highest rates of HIV infection among advanced nations, whereas non-circumcising European countries have the lowest incidence of AIDS. Moreover, the most that would follow (according to secular norms) from the WHO reasoning is that, if the prepuce is really a harbor for infectious microorganisms, then males who have attained puberty and intend to indulge in sexual encounters should be willing to submit to a foreskin shearing ahead of time. Fleiss and Hodges, along with David Gollaher, find fundamental flaws in such African AIDS studies, faulting their failure to control for confounding variables. Anyway, it is hard to discern how the issue of RMIC in general is being addressed at all here, especially in light of the earlier WHO statement that "routine neonatal circumcision is not currently recommended on medical grounds". In any event, AIDS in the USA (and probably elsewhere) is a disease inexorably linked to the real culprit of unhealthy lifestyle choices and unsanitary living conditions, all of which are independent of the innocent presence of a prepuce.[131]

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[131] Fleiss and Hodges, 156-167; Gollaher, 149-152; Ritter and Denniston, 33-1 – 33-2. Fleiss and Hodges, 159, accuse Aaron Fink of inventing the myth of a correlation between AIDS and an intact foreskin, claiming that he was a "militant crusader for compulsory newborn circumcision" who strove to promote "mass involuntary circumcision of American males". Also see Matthew Hanley and

On the other hand, counterbalancing the WHO document, the AMA Report 10 states:[132]

At least 16 studies have examined the relationship between circumcision and sexually transmissible diseases other than HIV. In general, circumcised individuals appear to have somewhat lower susceptibility to acquiring chancroid and syphilis, possibly genital herpes, and gonorrhea compared to individuals in whom the foreskin is intact. The available data on nongonococcal urethritis and genital warts are inconclusive. Regardless of these findings, behavioral factors are far more important risk factors for acquisition of HIV and other sexually transmissible diseases than circumcision status, and circumcision cannot be responsibly viewed as "protecting" against such infections.... In the case of sexual transmission of HIV, behavioral factors are far more important in preventing these infections than the presence or absence of a foreskin.

Thus, rather than looking to RMIC as a preventative remedy for the scourges of STD and AIDS, governments and other organizations devoted to public health and safety would do better to persuade the populace to act more responsibly, such as remaining abstinent until monogamous (heterosexual) marriage. Moreover, performing this reductive surgery on a boy for reasons inextricably connected with promiscuous erotic activity – a youth who may never even engage in sexual intercourse in the

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Jokin de Irala, "Utility and the African Tradition", *Ethics and Medics,* November 2010.

[132] AMA, *op. cit.*

future (God alone knows) – seems egregiously unethical, since it compels him to sacrifice his bodily integrity in anticipation of the projected misconduct of other members of society.

UTI, penile cancer, STD, and AIDS are the main contemporary maladies most often put forward to legitimize RMIC. In the past, phimosis, paraphimosis, poor hygiene, and cervical cancer (in female partners of uncircumcised males) were frequently cited. Douglas Gairdner's landmark 1949 paper in the *British Medical Journal* settled these matters to the satisfaction of England, where the RMIC rate plummeted to the single digits (close to nil) within a few years of its publication.[133] (This ground-breaking article was mostly ignored in the United States.[134]) Thanks to Gairdner's pioneering efforts and those of other medical researchers, it is now well-known that so-called "congenital phimosis" is in reality a perfectly normal state of the prepuce in boys, whose foreskins may take many years to reach a point where they can be fully retracted. Cases of genuinely pathological phimosis in older males are uncommon and can frequently be remedied

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[133] Gairdner, *op. cit.*; Gollaher, 114-117; Darby, 308-313.

[134] Nevertheless, about twenty years later the AMA did publish something akin to an American sequel to Gairdner. See E. Noel Preston, "Whither the Foreskin? A Consideration of Routine Neonatal Circumcision", *Journal of the American Medical Association* 213.11 (September 1970): 1853-1858, in which the author similarly discredits various pretexts for RMIC.

by corticosteroid creams or conservative surgery (such as a dorsal slit that spares much of the prepuce). Even the rare disease BXO (*balanitis xerotica obliterans*) can sometimes be treated conservatively, making routine preventive circumcision pointless.[135] Paraphimosis (foreskin dislocation), as Gairdner pointed out, is actually often caused by forcible attempts at premature retraction for the sake of "cleanliness", potentially leading to adhesions for which therapeutic circumcision may be suggested by well-meaning doctors (a kind of self-fulfilling prophecy). But Dr. Fleiss recommends trying simpler corrective measures first, and warns against a dorsal slit to remedy the dislocation.[136]

Lastly, according to Fleiss and Hodges, "The myth that male circumcision prevents cervical cancer in females was disproved long ago."[137] Morgan corroborates this judgment by listing a series of negative studies that had appeared prior to the time of his own article.[138] Romberg devotes an entire chapter of her book to questioning and finally dispelling this thesis.[139]

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[135] Fleiss and Hodges, 206-207.

[136] *Op. cit.*, 204-206.

[137] *Op. cit.*, 174-176.

[138] In "Penile Plunder", he writes: "Jones and McDonald (1955), Boyd and Doll (1964) and Stern and Dixon (1961) have all been unable to demonstrate that circumcision in anyway prevents the development of carcinoma of the cervix."

[139] *Op. cit.*, 259-276.

One of the most preposterous pretexts adduced for RMIC (beyond the aesthetic custom of "resembling" a son with his father or brother or classmates) was hygiene. As Gollaher remarks, in the early nineteenth century before a circumcision frenzy seized control of the American mentality, few people bathed regularly; paradoxically, however, just when indoor running water was becoming widely available, the Victorian medical establishment began urging RMIC for the sake of cleanliness (for both physical and moral ends).[140] Of course, surgery seems an extremely drastic substitute for plain water and mild soap.[141] But by this time in the

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[140] Gollaher, 86-88. In "Penile Plunder": 1103, Morgan alludes to the fact that some have tried to justify routine circumcision based on the problem of intact soldiers getting sand in their foreskins when fighting in desert wars. He doesn't respond with this particular retort, but the only sand that most boys will ever experience is in the sandbox or at the beach.

[141] Morgan, in "Rape of the Phallus", writes: "Perhaps the most fatuous reason advanced for the operation is that the uncircumcised penis is less hygienic. Soap and water work wonders with the body's other orifices and appendages and there would seem no reason to doubt their efficacy with respect to the foreskin. The pinnae also collect dirt but removal of the external ears does not find favor as a routine measure of hygiene." See also Fleiss and Hodges, 167-170, and Ritter and Denniston, 6-1— 8-1, where on the latter page they express outrage over the hygiene canard: "it's an insult to presume that a child who would grow up to trim his fingernails, blow his nose, brush his teeth, and clean his anus would be too stupid to learn how to retract the foreskin and to wash the glans penis – a procedure no more difficult nor demanding in time than washing a finger." In fact, in their 1984 pamphlet *Care of the Uncircumcised Penis: Guidelines for Parents, the* AAP had said much the same thing: "Care of the uncircumcised boy is quite easy. 'Leave it alone" is good advice.

evolution of British-American medical thinking, the foreskin and its secretions (especially the emollient smegma, which came to be perceived as carcinogenic) had been (in Robert Darby's terminology) "demonized".[142] Although the RMIC era ended in England in the mid-twentieth century (and somewhat later in other Anglophone lands), it has persisted into the twenty-first century in America. Darby theorizes a "sorcerer's apprentice" effect, wherein the master's disciples have learned well the incantation for the original spell, but once the magical energy has been unleashed for a long time with a certain self-propelling momentum, they have no idea how to reverse the runaway forces.[143]

In an effort to determine whether the fourth condition of the PDE is fulfilled, pro and con argumentation based on epidemiological statistical analysis can take us only so far. Medically and morally, the burden of proof would seem to rest on those who advocate prophylactic (non-therapeutic) interference with normal anatomy and physiology to demonstrate why the disruption is justified, instead of

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External washing and rinsing on a daily basis is all that is required. Do not retract the foreskin in an infant, as it is almost always attached to the glans. Forcing the foreskin back may harm the penis, causing pain, bleeding, and possibly adhesions. The natural separation of the foreskin from the glans may take many years."

[142] Darby, 236-259.

[143] *Op. cit.*, 315.

maintaining a laissez-faire attitude toward the prepuce. This ethical onus remains notwithstanding the aura of custom that RMIC (*periah)* has assumed in America. Although the risks of RMIC seem not to compensate for its supposed benefits according to official statements of organizations such as the WHO and the AMA (along with various national medical associations in other English-speaking countries where RMIC once held sway), some advocates of RMIC may still demur. Let us therefore return to the first condition of the PDE by undertaking a more profound examination of the "big if" issue (left suspended earlier) with the aid of the implements of philosophical ethics and moral theology.

Is RMIC an Ethically Defensible Mutilation?

Not many Catholic moralists who treat mutilation in light of the principles of integrity, totality, and charity explicitly address RMIC. What conclusions are reached by those who do discuss it?

Under the heading "Circumcision of the Newborn", Thomas O'Donnell first defines "circumcision" as "the surgical removal of the distal part of the prepuce of the glans penis" and then concludes that it is "obviously a justified surgical procedure when redundant foreskin interferes with micturation."[144] This calls for

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[144] O'Donnell, 75.

several comments. First, he is actually defining the clipping of the *akroposthion* (in *milah*) instead of true posthectomy (or *periah*), which is the complete preputial amputation characterizing modern circumcision. Second, there is no such thing as "redundant foreskin"; this is an outmoded notion from Victorian medical biology, which failed to appreciate its essential functions. Third, it is true that surgery would be ethically permissible in the therapeutic situation he envisions, but more conservative treatment may be available for this sort of phimosis.[145] Next, he cites with approval the views of Gerald Kelly, who holds that "the mutilation is slight (in fact, many moralists would not designate it as a mutilation)". For this reason and because "many

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[145] It was a case just like this (phimosis hampering urination) that drove the parents of the identical twins Bruce and Brian Reimer to consent to the circumcision (posthectomy) of their sons. But because a catastrophic accident with an electro-cautery machine during the first surgery (Bruce's) caused penile charring, the medical team decided not to circumcise Brian. Brian's urinary difficulty cleared up on its own without any surgery at all, but the parents made the regrettable decision to subject Bruce to feminizing genito-plasty and attempted to raise him as a girl named "Brenda", who rebelled against the whole thing and tried to reverse the so-called "transgender" process, changing his name to "David". Both boys had utterly miserable lives. Brian died of a "toxic combination of antidepressants and alcohol" (ruled accidental) in 2002, and David wound up committing suicide two years later. The tragic story is narrated by John Colapinto, *As Nature Made Him: The Boy who was Raised as a Girl* (New York: Harper Perennial, 2006). Such possible iatrogenic calamity cannot be discounted when contemplating performing *periah* on an infant.

doctors consider routine circumcision advisable unless there are contrary indications", Ford believes (and O'Donnell agrees) that "our hospitals are justified in adopting a tolerant attitude toward these doctors". Of course, *milah* (if that is what he is indeed referring to) is not a mutilation, since it does not detract from normal organic functioning, but both moralists seem unaware of the crucial distinction between it and *periah*. It is troubling, moreover, that performing surgery is their default position, with a healthy foreskin (however much of it they mean) slated for eradication, its preservation assured only when surgery is contraindicated. Their thinking, inherited from the Victorian period and its aftermath, offers nothing new, boiling down to the same prophylactic concerns already refuted (preventing penile cancer, cervical cancer, and poor personal hygiene).[146]

On the other hand, Edwin Healy holds the diametrically opposite view, whose default position is to omit the operation, "unless there is a positive indication for circumcision". His reasoning (evidently carried out in light of the fourth condition of the PDE) is that the possible complications, though remote, "would not be justified unless there were present a compensating reason".[147]

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[146] O'Donnell, 75-77.

[147] Healy, *Medical Ethics*, 128-129.

Hayes, Hayes, Kelly, and Drummey, after quickly summarizing basic general reasons pro and con RMIC, simply conclude: "The arguments in favor of elective circumcision seem rather weak to us."[148]

John Dietzen condemns RMIC as objectively immoral, based on the principle of integrity: "While nontherapeutic male circumcision remains common in some places, as a general practice it is forbidden in Catholic teaching for more basic reasons of respect for bodily integrity.... It is an amputation and mutilation .... The above basic principles ... clearly render it immoral. It violates the bodily integrity of infant male children and unnecessarily deprives them of a part of their body that can protect the glans of the penis during infancy and serve at least a sexual function for adults.... [T]he procedure might be carried out in some places rather routinely, even if it is not what the child needs and no curative or remedial reason renders it ethical."[149]

Michael and David Benatar argue against the "polar" positions of the pro- and anti-RMIC camps. Since (according to their findings) the benefits of RMIC somewhat outweigh its drawbacks, the ultimate decision (according to

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[148] *Op. cit.*, 155.

[149] John J. Dietzen, "The Morality of Circumcision", *The Tablet* (Diocese of Brooklyn: October 30, 2004), 33.

them) should be left to parental judgment.[150] In rebuttal, Peter Clark responds by articulating three key principles violated by RMIC: (1) Respect for persons ("a requirement to acknowledge autonomy and a requirement to protect those with diminished autonomy"), (2) Beneficence (which encompasses maximizing good for another and minimizing harm, entailing Non-Maleficence that is equivalent to "*Primum non nocere*"), and (3) Justice (which honors the right due to an individual for retention of his own bodily possessions).[151]

Although he does not explicitly mention RMIC, Martin O'Keefe proposes an intriguing thought-experiment that we may find instructive. He envisions the theoretical possibility of a scenario wherein an act of mutilation may be justified for reasons beyond the principle of totality. Although he admits that it is a bizarre limit case that stretches the point to nearly breaking, he provides the hypothetical example of a social context in which the only way to avoid something akin to contempt for God would be by allowing one's hand to be cut off ("in a cultural situation, say, in which the possession of both

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[150] Michael Benatar and David Benatar, "Between Prophylaxis and Child Abuse: The Ethics of Neonatal Male Circumcision", *American Journal of Bioethics* 3.2 (Spring 2003): "We conclude that nontherapeutic circumcision of infant boys is a suitable matter for parental discretion."

[151] Peter A. Clark, "To Circumcise or Not to Circumcise?", *Health Progress* 87.5 (September-October 2006): 30-39.

hands were symbolically tantamount to blasphemy"). He concludes that such a deed "would be both permissible and necessary" on the ground that "there are higher and more necessary goods than bodily integrity", stressing that "such a mutilation is morally acceptable only when bodily integrity comes into conflict with an incompatible higher good, a good which must be achieved and can be so only through the sacrifice of bodily integrity." [152] In view of the example he furnishes, perhaps a generalization of it would have to consist in witness for a religious reason, although it is doubtful whether martyrdom itself would be an instance of such voluntary maiming, since martyrs do not commit suicide and the executioners are the ones perpetrating heinous mayhem. More relevant to the issue of RMIC, if there arose (in line with speculation broached earlier) some persistent predicament in which an infectious disease were gravitating to the prepuce as a point of entry in potentially all male babies, and such a pathological state could not be rectified (for all practical purposes) by more conservative protocols (such as hygienic measures or drugs), then the higher good of society would warrant a mass circumcision campaign. But such a prophylactic intervention would not be unique to the case of male circumcision, since it would apply to any non-vital bodily organ or orifice subject to surgical

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[152] O'Keefe, 208-212, esp. 211-212.

treatment, and under the scenario imagined it would be equivalent to a therapeutic operation. At any rate, this is hardly the real-world situation in which RMIC has invaded the USA (and other countries influenced by the late nineteenth century Victorian crusade for it).

In the lived world, though, aside from abstractions (illustrated by far-fetched examples) that may theoretically justify prophylactic mutilation, how else could one attempt to defend elective circumcision? If this operation were altruistic, say conveying a tissue graft to a recipient bereft of a prepuce, an argument could be made that it is justified by charity, provided the donor had no need of it himself. This would have to be assured, since (unlike the kidneys) the prepuce is not a paired organ and since (unlike bone marrow) it does not grow back. Aside from the fact that this sort of direct transplantation may not be feasible, there is no way to know whether a young prospective donor would ever make use of it in future coitus, but surely he (like every other child) would need it to keep his own glans covered and protected – unless he did not need it only because he was on the verge of death, in which case standard ethical precepts governing organ donation would apply. But all this is far removed from what really happens in RMIC. The only organ "donation" that actually transpires is the expropriation of amputated foreskins

acquired through cooperating hospitals by bio-technology companies that profit commercially from the development of products derived from human prepuces.[153] It may be protested that the social collective (and ultimately individual members) would benefit from research on excised foreskins, but such utilitarian pragmatism transgresses against the dignity of the human person, who ought not be treated as a mere thing of material use by others – in this case, being made a victim of theft by taking one of his valuable bodily parts (without compensation, to boot). A nihilistic objection might be that none of this matters anyway (get over it, who really cares about circumcision?), because the prepuce is "not a vital" organ. True enough (in the sense that its suppression does not usually lead to death), but this rejoinder commits the fallacy of proving too much, implying consequences too repugnant to embrace. There are many "non-vital" organs that are dispensable (i.e., one could survive in a long life without them), yet no one recommends their routine subtraction; indeed,

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[153] According to Paul M. Fleiss, "Where Is My Foreskin? The Case Against Circumcision", *Mothering: The Magazine Of Natural Family Living* (Winter 1997), 39: "Human foreskins are in great demand for any number of commercial enterprises, and the marketing of purloined baby foreskins is a multimillion-dollar-a-year industry." See also http://www.foreskin.org/f4sale.htm; http://www.norm-uk.org/where_do_foreskins_go.html.

some "non-vital" organs (such as the tonsils, the appendix, the prostate, the mammary glands) display a far greater propensity to disease than the prepuce. Hence, practically speaking, RMIC is neither genuinely therapeutic (justifiable by totality) nor altruistic (justifiable by charity). In such a case, the principle of integrity should be accorded maximum leverage, with the principle of totality invoked as weightier only where there is patent necessity for curative or palliative surgical intervention.

A Metaphysical Resolution

At bottom, all ethical controversies have a metaphysical or theological orbit, in some way (albeit in concealed form) revolving around the relation between man and the objective order of being (in other words, between man and the Creator of the real order). With this consideration in mind, there is a fundamental question whether the following conjunction of propositions is ontologically consistent: (1) God creates a bodily organ (in this instance the prepuce) as an endowment with which everyone is normally born; (2) From what we can discover based on the Scholastic principle of the essential correlation between being and activity ("*operatio sequitur esse*"), God ordains the use of this normal component of human corporeality as an aspect of natural functioning (in this instance

various sexual purposes); (3) God approves as good, or countenances as indifferent, its ordinary non-therapeutic excision (in this case RMIC via *periah*) for speculatively or statistically prophylactic claims. There seems to be a metaphysical conflict here.[154] Taken together, the three propositions seem to imply a logical contradiction: the first and third affirming but then denying that God wills all human beings to have a prepuce, and the second and third affirming but then denying that He wills its natural use. Hence, if we accept the first two propositions, we must reject the third proposition. Someone may bring up the distinction between God's antecedent and consequent will, granting that *antecedently* God wills the natural presence of the healthy prepuce in all human beings, but qualifying this assent with the caveat that *consequently* (given the vicissitudes of human life) He permits some people to lose theirs. Certainly the latter situation would obtain in the unfortunate case of medically necessary excision to treat an abnormality, but it would not seem to hold when it is a matter (as is usual) of the elective paring of the penis with periah in healthy babies (as in RMIC).

But even if it could be demonstrated with some further subtle distinctions that there is no

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[154] O'Keefe, 138-139, 148-149, discusses this issue in a general context: the Creator reveals His Will for suitable human action through His very design of human nature.

strict or absolute logical contradiction entailed in these three propositions, nevertheless they delineate an ontological state of affairs that is incompatible with the Divine Wisdom — and even a nonsensical one relative to the concrete cosmos where "we live and move and have our being" (Acts 17:26, 28). For, under a philosophical principle of sufficient reason, the very universality of the foreskin apparatus shows that it is not some incidental or vestigial accessory that can be casually dismissed out of hand and dispensed with as redundant. As St. Ambrose (who wrote after the introduction of *periah*) asseverated on foundational grounds, in obvious agreement with the Pauline doctrine of the divine economy (enunciated in 1 Corinthians 12:14-26): "Nature has created nothing imperfect in man, nor has she bade it be removed as unnecessary."[155] William Morgan echoes St. Ambrose and St. Paul: "We should ask ourselves whether it is really likely that Nature in all her wisdom and pragmatism, would really permit every male child to be born into this world with a useless appendage, the presence of which, according to some, almost inevitably leads to serious consequences, including death." [156]

It would seem to follow, then, that the routine, gratuitous, non-therapeutic destruction of the infant prepuce is, objectively speaking, an

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[155] Quoted in Fleiss and Hodges, 100.

[156] "Penile Plunder": 1103.

insult to the Creator and an infringement of a fundamental human right to bodily integrity, hence intrinsically unjust. Nevertheless, given rampant ignorance about the role of the prepuce and the essentially diverse ways of cutting it (some suppressing its functions, others not), it would be rash to accuse anyone (whether physicians, parents, or religious leaders) of subjective culpability in perpetuating the practice of genital mutilation.

Reflections on the Prevalence of RMIC

Along with uninformed decision-making, are there other reasons why RMIC still reigns unchallenged in the USA? A number of writers have pondered this intriguing but perplexing question. As mentioned above, Robert Darby chalks it up to a "sorcerer's apprentice" imbroglio. Morgan throws up his hands: "Why is the operation of circumcision practiced? One might as well attempt to explain the rites of voodoo! Ritual is seldom self- explanatory and still less frequently logical."[157] He calls RMIC a "cult" and portrays it as a kind of "social status" surgery having "no valid medical reason".[158] Likewise, Edward Wallerstein characterizes it as "cultural surgery, not very different from ear- and nose-piercing and tattooing." He labels elective

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[157] "Rape of Phallus": 123.

[158] *Ibid.* See also "Penile Plunder": 1103.

neonatal circumcision "the uniquely American medical enigma", because it persists here without a basis in religious tradition (such as Judaism or Islam) and for no apparent health reasons, noting the idiosyncrasy that "the penis is the only organ subjected to routine prophylactic surgery".[159] (In fact, it is well-known that the USA is the sole nation in the world still performing elective circumcision on neonatal infants for non-religious reasons. Even Israel, the only other country to practice RMIC, waits until a week has passed before enacting the cutting and peeling of ritual *periah*).

In a deep and fascinating essay, Hugh Young propounds the theory that RMIC is propagated and maintained as a non-rational "memeplex", which is "a cluster of related and interconnecting cultural units that are transmitted by imitation (memes), as well as by language."[160] (Perhaps one could say that the urge to circumcise children is socially contagious, caught by cultural osmosis or instilled through mass subliminal hypnosis.) One of his many insightful points is that "the memes of Jewish circumcision and routine infant circumcision in the US are like

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[159] Edward Wallerstein, "Circumcision: The Uniquely American Medical Enigma", *Urologic Clinics of North America* 12.1 (February 1985): 123-132.

[160] Hugh Young, "Circumcision as a Memeplex", in *Bodily Integrity and the Politics of Circumcision: Culture, Controversy, and Change*, ed. George Dennison, Pia Grassivaro Gallo, Frederick Hodges, Marilyn Milos, Franco Viviani (New York: Springer, 2006), 1-16.

the two members of a double star orbiting each other, influencing each other while keeping their distance."[161] As if to confirm Young's thesis of cultural mimesis, Douglas Rooks condemns the tendency of too many American fathers to perpetuate the custom by inflicting on their sons a resemblance of what was done to them. This "matching" obsession seems to him one of the main reasons why the operation continues to be performed, even against the better judgment of physicians who comply with parental requests.[162]

Robert Van Howe furnishes several reasons in answer to the question ("Why Does Neonatal Circumcision Persist in the United States?") posed in the title of his article: a tendency to assign a low rank to children's rights, emotional denial by physicians of infant distress during circumcision, publication bias in American medical literature, fear within physicians of the accusation of offending Muslims or Jews (especially of the label "anti-Semite"), the failure of ordinary medical

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[161] *Ibid.*, 7.

[162] "Parents, apparently led by fathers who want their sons to look like them, are insisting on a surgery which has no demonstrated medical value and clearly imposes pain on the newborn and possible negative consequences afterwards. Bluntly put, this is narcissism at its worst." Douglas J. Rooks, "Just Like Dad", *Maine Times*, Vol. 29, No. 9 (Portland: January 2-8, 1997), http://www.cirp.org/news/1997-01-02MaineTimes/editorial.html. See also Sharon Bass, "Circumcision persists despite doctors' disapproval", *Maine Times*, *ibid.*, http://www.cirp.org/news/1997-01-02MaineTimes: "The number one reason, according to both doctors and parents, is so son will look like father and his male peers."

protocols to be applied to RMIC (for example, lack of enforcement of the requirement to account for removal of normal tissue, violations of informed consent, solicitation by physicians of unnecessary surgery each time they take the unilateral initiative to ask parents whether they want their son circumcised, failure to test this surgery for efficacy against established therapies), and lastly the financial stake of income padding through insurance payments.[163] One could add, in connection with Van Howe's allegation of a monetary inducement for physicians, the incentive of lucrative gain reaped by bio-tech firms in producing commodities derived from human foreskins, as mentioned earlier.

Ritter and Denniston concatenate a series of oddities about RMIC that together constitute an impressive indictment:[164]

> The operation of routine, infant circumcision of males involves a paradox of absurdities completely at variance with sound medical-surgical-legal practice; a normal structure is operated upon; no anesthesia is used [formerly]; the patient does not give his consent; he is forcibly restrained while a normal segment of his body is removed; the parental consent is of quasi-legality since the part removed is a healthy, non-diseased appendage; there are no legitimate surgical-medical indications for the operation; the patient and the part operated upon are

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[163] *Op. cit.*, 111-119.

[164] *Op. cit.*, 1-2.

subject to a host of possible complications, including death; the genitalia are now irrevocably diminished in appearance, function and sensitivity.

Among the various plausible theories for the prevalence and persistence of RMIC in the USA, Lawrence Dritsas and Leonard Glick offer two of the most cogent ones. Dritsas concludes his article on the circumcision controversy in Gentile America with the following retrospective diagnosis of the conduct of the medical profession: [165]

All the reviews of literature performed by medical organizations in many countries, including our own, concerning routine male circumcision show that there was never sufficient cause, according to contemporary standards, to routinely amputate the foreskins of baby boys. For a physician to cease performing circumcisions now represents a condemnation of past practices and an admittance of error. The error is most serious because it is committed upon the genitalia. The decline in tonsillectomies in recent decades is a famous example of changes in medical opinion, but the foreskin is somewhat different, more hidden and taboo. Furthermore, the tonsils were removed in an overactive response to a pathological condition; circumcision is purely preventative and a response to possible future pathologies. To call into question the received knowledge of the medical profession, passed from doctor to resident, is a revolution of sorts, for progress typically means new and

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[165] Lawrence S. Dritsas, "Below the Belt: Doctors, Debate, and the Ongoing American Discussion of Routine Neonatal Male Circumcision", *Bulletin of Science, Technology & Society* 21. 4 (August 2001): 297-311.

better procedures to replace the old, not the cessation of a common practice.

Having previously summarized the history of the AAP in failing to apply to the RMIC debate the guidelines of its own Bioethics Committee regarding proxy consent,[166] Dritsas continues:[167]

I believe this is why we see such tentative statements coming from the American Academy of Pediatrics. By purposely avoiding its own Committee on Bioethics, the American Academy of Pediatrics Task Force on Circumcision was able to equivocate the issue before our eyes. What the task force is saying in effect is, "As scientific doctors, we find ourselves unable to recommend or deny this procedure; therefore, you will decide and we shall be your scalpels. This is no longer a medical question." In one dramatic sweep, the task force decided not to make a decision and absolved itself of all guilt while continuing to perform a questionable procedure. There is no other medical procedure performed on minors, male or female, that follows this policy or has this history.

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[166] "Thus 'proxy consent' poses serious problems for pediatric health care providers. Such providers have legal and ethical duties to their child patients to render competent medical care based on what the patient needs, not what someone else expresses. Although impasses regarding the interests of minors and the expressed wishes of their parents or guardians are rare, the pediatrician's responsibilities to his or her patient exist independent of parental desires...." Committee on Bioethics (1993 to 1994), "Informed Consent, Parental Permission, and Assent in Pediatric Practice", *Pediatrics* 95. 2 (February 1995): 314-317.

[167] *Loc. cit.*

In a similar vein, Glick explains that in 1971 the AAP stirred up a controversy among some physicians by the Academy's verdict that there exist "no valid medical indications" for RMIC. After convening a task force to study the matter further, in 1975 they reaffirmed the 1971 conclusion that there is "no absolute medical indication for routine circumcision of the newborn." But this time they tacked on a disclaimer: "Nevertheless, traditional, cultural, and religious factors play a role in the decision made by parents, pediatrician, obstetrician, or family practitioner on behalf of a son.... The final decision is theirs [the parents], and should be based on true informed consent." Aghast at the audacity of this proposition, Glick (like Dritsas) comments on its extraordinarily unique character "in the history of American medicine" (probably the annals of any civilized medicine up to that time): "The pediatricians declared that their colleagues should be willing to perform a surgical procedure lacking adequate *medical* rationale, provided only that *parents* (actually, a parent) request or agree to it.... In short, *a group of well-qualified pediatricians accorded to parents exclusive right to authorize physicians to perform surgery on infants for explicitly nonmedical reasons.*" [italics in original text][168] He levels the charge that, "by acceding to parental wishes, rather than relying first and foremost on their own

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[168] Glick, 210.

medical judgment", "many physicians have abdicated responsibility for deciding whether to perform circumcisions." Hence, "they have accepted the fact that circumcision has become a *custom* without medical justification" [original italicization].[169]

George Denniston makes the point that one measure of the validity of surrogate consent is the probability of the patient himself electing the procedure. Given that, out of a group of five-hundred normal men, hardly a single one would choose non-therapeutic genital surgery, it is extremely unlikely that any infant boy would consent to the deprivation of his prepuce if granted the opportunity to voice his preference.[170]

Although she does not apply her reasoning to RMIC, the general propositions defended by Helen Watt in her essay on "bodily invasions" seem pertinent here: "Respect for a person as a living bodily being encompasses respect for that person's bodily borders, of a kind that goes well beyond avoidance of *deliberate* harm to life or health. An innocent person who is not intending unjust harm to others must surely have a right to bodily integrity: his or her body should not be

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[169] Glick, 276.

[170] George Denniston, "Does being born a healthy male require surgical correction?' (leaflet), http://www.doctorsopposingcircumcision.org/pdf/DOC_trifold_brochure.pdf.

deliberately invaded in a way foreseen (though not intended) to cause death or serious permanent injury."[171] Although the risk of death from *periah* is remote, an earlier section of this article established that it always inflicts permanent disabilities in terms of protective and sexual functions for males (as boys and men). Regarding whether these are actually "serious" injuries, we can appeal to the dictum that the only minor surgery is an operation on someone else, despite the fact that physicians and parents have treated this matter lightly for over a century in the USA.

The mentality that married couples (on account of their procreative faculties and activities) are ultimate arbiters of the origin and fate of offspring is pernicious, underlying both the so-called "right to have a child" (via any reproductive technology whatsoever) and the "right to choose to terminate a pregnancy".[172] The same mindset (though admittedly far more benign than in procured abortion) is operating in the exaggerated deference of social institutions to a so-called "parental right to circumcise a son"

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[171] Helen Watt, "Bodily Invasions: When Side Effects Are Morally Conclusive", *The National Catholic Bioethics Quarterly* 11.1 (Spring 2011): 51.

[172] See, for example, Benedict M. Guevin, "Reproductive Technologies in Light of *Dignitas personae*", *The National Catholic Bioethics Quarterly* 10.1 (Spring 2010): 51-59, esp. 57.

(i.e., commit elective posthectomy on him).[173] The natural moral law, as interpreted by the Magisterium of the Catholic Church, does elevate parental prerogatives in the rearing of their children to a superior status, which is paramount by comparison with the dominion of the State. Therefore, parents must make many choices on behalf of their immature children, including health decisions such as food, medicine, and curative surgery.[174] But rule by parents is not a

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[173] M. Fox and M. Thomson, "A covenant with the status quo? Male circumcision and the new BMA guidance to doctors", Journal *of Medical Ethics* 31.8 (August 2005): 463-9, say that they "challenge the assumptions ... which construe this procedure as a matter of parental choice", showing that it is "problematic" to "tolerate the non-therapeutic, non-consensual excision of healthy tissue", arguing that "both professional guidance and law are uncharacteristically tolerant of risks inflicted on young children, given the absence of clear medical benefits". They also assert, as other authors have said over the years, that "non-consensual male circumcision ...has long existed as a procedure in need of a justification". They "conclude that it is ethically inappropriate to subject children - male or female - to the acknowledged risks of circumcision and contend that there is no compelling legal authority for the common view that male circumcision is lawful."

[174] Although William E. May, "Proxy Consent for Non-Therapeutic Experimentation", *National Catholic Bioethics Quarterly* 7.2 (Summer 2007): 239-248, defends the ethical liceity of a certain limited parental consent to elective experimentation on their "voiceless" post-natal offspring, he stresses the severe qualification that such a procedure must not pose any significant threats to the child worse than ordinary quotidian risks. See also his *Catholic Bioethics and the Gift of Human Life*, Second Edition (Huntington, IN: Our Sunday Visitor Publishing Division, 2008), 221-229. As the present paper has striven to demonstrate, though, RMIC does entail serious risks and in fact inherent damage for a young son (without meaningful benefits to anyone else) that exceed whatever alleged

totalitarian dictatorship. They have the right and duty to form character but no jurisdiction to deform natural anatomy and physiology, no license to have a surgeon take from their son a normal part of his masculine equipment as though it were *their* property to dispose of.[175] Parental monarchical power ends where a child's integral God-given constitution begins, thereby excluding from the arena of ethical legitimacy the option to permit non-therapeutic operations, such as RMIC, on their children.

It is conceded that RMIC is legal everywhere on earth. In some lands that legality is irrelevant because there is no inertial cultural tradition maintaining it (for example, it never had a place in the old Catholic countries of Europe and Latin America). In other locales, mainly the USA, there is now an entrenched social prejudice favoring the retention of a parental option, though not a tenacious obligation as in the Muslim-Jewish realm (and a few countries influenced by

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"drawbacks" there may have been by leaving his genital integrity intact.

[175] In a similar vein, Kevin D. O'Rourke, "Catholic Principles and In Vitro Fertilization", *The National Catholic Bioethics Quarterly* 10. 4 (Winter 2010): 709-722, writes (722) that "parents have no right to control the talents and careers of their children" and "the teaching of the Church …. calls on parents to realize that infants are not possessions to be controlled but human beings with the intrinsic potential to become fully functioning adults like themselves". *A fortiori*, parents have no right to re-sculpt the anatomy and change the physiology of their sons. Indeed, circumcision of male infants blocks one of the avenues toward becoming "fully functioning adults".

Islam and Judaism, whether directly or indirectly, such as the Philippines and South Korea). Nevertheless, if RMIC is unethical, then there is no reason *a priori* why it cannot someday be banned, just as female genital mutilation is prohibited in many countries. Some (for example, the authors of the UN WHO report) argue that male circumcision is not the same thing (FGM being more brutal), and that authoritative world bodies "consider FGM to be universally unacceptable, as it is an infringement on the physical and psychosexual integrity of women and girls and is a form of violence against them." [176] Yes, FGM does indeed perpetrate violence against girls, especially when it entails acts of clitoridectomy, infibulation, or vulvectomy, But, depending on the severity of the cutting, female circumcision need be no more invasive than male circumcision: simple removal of the clitoral hood would correspond to the skinning of *periah*, just as nicking of the clitoral hood would parallel the blunting of *milah*. Thus, if the WHO deems **all** female genital cutting to trespass against the bodily and psychosexual integrity of girls, then by a consistent extension the excision of the prepuce in posthectomy should likewise be regarded as "an infringement on the physical and psychosexual integrity" of boys, being "a form of violence against them".

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[176] WHO, *op. cit.*, 27-28.

The real problem in securing a legal ban of MGM (*periah*, not *milah* for religious purposes) is that there is a more widespread tradition of circumcising males among societies feeling the compulsion to cut their children's genitals, making the task seem daunting. After all, even banning abortion (infinitely worse than MGM) appears to be a practical impossibility from a human perspective. Wallerstein, however, offers some encouraging hope:[177]

The medical profession was successful in eliminating routine tonsillectomy and adenoidectomy. This is precisely what is needed for routine circumcision. It is necessary to overcome ignorance and the emotional superstructure surrounding the penis, not very different from ancient (and present) phallic worship. It is necessary to accept scientific facts; it is necessary to discard myths about circumcision: the foreskin causes premature ejaculation, it keeps the penis from growing, some disaster will befall the uncircumcised child, the uncovered glans is more esthetically pleasing (that is the foreskin is ugly). The special myth that the boy's penis must be identical to his father's ignores the historic truth that no objection was raised, and no problem arose when

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[177] "Circumcision: The Uniquely American Medical Enigma". On the other hand, Geoffrey Miller, *op. cit.*, 585, concludes his magisterial article with the prognosis that, due to the imbedding of RMIC in American culture, "It is inconceivable, at least at present, that the United States will prohibit male circumcision as it has done with female genital mutilation, even if religious ceremonies are exempted from such a ban."
http://www.cirp.org/library/legal/miller1/#n487.

circumcising millions of boys whose fathers were uncircumcised. To resolve the problem, the positions of the American Academy of Pediatrics and American College of Obstetricians and Gynecologists should become definitive statements that circumcision is unnecessary surgery, not to be undertaken except in rare medical circumstances. Endorsements of this position should be obtained from all relevant medical groups. This information should be disseminated to the entire medical profession, to all hospitals, nurses and nursing associations, childbirth educators, and most certainly to parents via the popular press. Meetings of professional and lay persons should be called on local, state and national levels to discuss circumcision. With such an approach, routine newborn nonreligious circumcision will soon pass from the scene to join blood-letting and cupping in medical history.

How America Adopted a Rabbinic Rite: The Victorian Crusade to Excise Dirt, Disease, and Delight

(...with its Added Financial Incentives)

Many practices widespread in the USA are condemned by Catholic doctrine as contrary to the natural moral law. The litany of examples is well known to educated Catholics: abortion, contraception, sterilization, artificial reproduction, fornicating coupling, homosexual liaisons, divorce and remarriage, and covert euthanasia (with legalized physician-assisted suicide in several states of the union). What many orthodox Catholics may not appreciate, however, is that the Church has long disapproved an operation that for the past century was routinely performed on scores of millions of American baby boys with the consent (explicit or presumed) of their parents: namely, elective circumcision (allegedly prophylactic yet usually not medically mandatory). Although the rate of this non-therapeutic surgery has somewhat declined (evidently to around 55 % in recent years) from a peak of 80% to 90% in the decades from the 1950s through the early 1980s, it still constitutes one of the most common operations done today, affecting a large proportion of the

country's male population. In spite of its frequent occurrence, an awkward air hovers over discussion of it, which is broached among laymen in hushed, embarrassed tones. This is no joking matter, despite the (uncomfortable?) audience guffaws at the attempted humor of night-club comedians.

Yet, remarkably, this entrenched American "tradition" was virtually non-existent here until the mid-nineteenth century, and did not become solidly established until the opening decades of the twentieth century. In fact, routine male infant circumcision (RMIC) was unknown throughout the long ages of Western history, until it gradually arose in Anglophone countries during the nineteenth century. Indeed, the very idea of excising, without medical necessity, a part of the genital system of anyone (male or female, child or adult) was regarded with abhorrence in the lands of Christendom, whether in Continental Europe or Latin America. Though practically universal in Judaism, Islam, and certain African tribal religions, the ritual is viewed as barbaric in all Western societies outside the USA – even once again in England (and other British Dominion countries such as Canada and Australia) where it never reached the extent of longevity and the degree of prominence achieved in the USA. Currently, approximately 70% of US

males are circumcised, a much higher rate than in any other advanced nation outside the Arab/Israeli sphere. Globally the vast majority (estimated at 70-85%) of males are intact.

In a 1985 article in a journal of urology, Dr. Edward Wallerstein called circumcision "the uniquely American medical enigma", because only in this country has it tenaciously endured despite repeated debunking of its purported multifarious benefits. How this relatively recent situation in the USA came about is a fascinating and complicated tale, evincing the collaborative cultural influence of both Protestantism and Judaism, replete with the names of once-famous American and British physicians (WASP or Jewish) who, despite their good intentions, were grievously misguided, evidently subscribing to the ethical principle that "the end justifies the means". This complex and intriguing story is documented in fine detail in several books published during the past decade: most notably David Gollaher's *Circumcision: A History of the World's Most Controversial Surgery* (2000), Robert Darby's *A Surgical Temptation: The Demonization of the Foreskin and the Rise of Circumcision in Britain* (2005), and Leonard Glick's *Marked in Your Flesh: Circumcision from Ancient Judea to Modern America* (2005). The latter work carries on the legacy of strenuous

Jewish dissent (though minority) against RMIC begun by Rosemary Romberg's *Circumcision: The Painful Dilemma* (1985) and continued by Ronald Goldman's *Circumcision: The Hidden Trauma* (1997) and *Questioning Circumcision: A Jewish Perspective* (1998). But before summarizing some of the main results of their trenchant historical research, it is crucial to understand why modern RMIC is actually a mutilation that is objectively forbidden by the natural moral law and therefore officially proscribed by the Catholic Church, despite a dearth of documents explicitly addressing the topic.

Defining "Circumcision"

First, one might reasonably ask how a quasi-sacramental rite prescribed by God for Abraham and his male descendants under the Old Covenant (Genesis 17) could constitute a mutilation that violates the natural moral law. Did God mandate the continual destruction of a bodily organ that in His infinite Wisdom He created for specific reasons (to be explicated below)? Does God contradict Himself by acting at cross-purposes with Himself? The answer, of course, is negative, and the explanation for this conundrum lies in a profound equivocation in the

term "circumcision". The modern surgical version called "circumcision" is not at all the same thing as the OT religious ceremony also denominated "circumcision". A critical distinction must be made.

There are two essentially different stages in cutting the prepuce, which is the tubular sheath (comprised of outer skin, inner mucosa, muscle tissue, nerves, sebaceous and apocrine glands, and blood vessels) covering the glans of the male reproductive organ and extending beyond the tip in boys. In biblical times, the Abrahamic-Mosaic rite for infants involved merely the first stage, known as *milah*: excision of the overhang flap or tapered neck (*akroposthion*) of the foreskin. It drew a few drops of blood (according to Thomas Aquinas a symbolic prefiguring of the passion of the Messiah and the Sacrament of Baptism), but it left intact the portion of the prepuce protecting the glans.

Now, this token cut was easily hidden. According to 1 Maccabees 1:16 (D-R), "They made themselves prepuces" (*preputia sibi fecerunt* in the old Latin translation of the Septuagint), in order to abide by Greek standards of modesty at gymnasia and athletic events conducted in the nude for male participants (and restricted to an exclusively male audience), since

the Greeks deemed an exposed glans obscene. But it would have been impossible for these Hellenizing Jews so readily to "reverse" their circumcisions, if the amount of remnant tissue were not sufficient to restore normal appearance by simply stretching the skin over the tip (a method called *epispasmos*, using a weight named the *pondus Judaeus*). For centuries (amidst persecutions by Gentile emperors, such as Antiochus IV before Christ and the Roman Hadrian after Christ, both aiming to abolish the ritual), the Jews practiced circumcision of this mitigated sort (*brit milah*) – even for some years after the initial Church era when the issue was debated and the rite was finally repudiated, as recounted in both the Acts of the Apostles (the proceedings of the Council of Jerusalem in Chapter 15) and the Pauline epistles. To the vexed rabbis who rejected Christianity, however, this audacious process of "uncircumcision" conveyed an impious disavowal of the Covenant and signaled an intolerable betrayal of Jewish identity. In order to ensure that it could no longer be effected, around the middle of the second century they decreed a radical second stage of circumcision, called *periah* ("opening" or "uncovering"): the total extirpation (by both cutting and tearing) of the prepuce from the shaft, resulting in a complete denudation of the glans

with its heretofore delicate mucosal lining. Leonard Glick (p. 46-47) locates textual evidence for this novel rabbinical institution in the *Mishnah*, under the order *Moed* ("Festivals") in the tractate *Shabbat* ("Sabbath") in Chapter 19 (Shab. 19.2). Prof. Nissan Rubin of Brandeis University wrote an extensive research article on the long, complex history of the distinction between *milah* and *periah* titled "Brit Milah: A Study of Change in Custom", in *The Covenant of Circumcision: New Perspectives on an Ancient Jewish Rite*, 2003, edited Elizabeth Wyner Mark, 87–97, UPNE [https://books.google.com/books?id=nAfUF2_ClqgC&lpg=PP1&dq=circumcision%20new%20perspectives&pg=PA87#v=onepage&q=circumcision%20new%20perspectives&f=**false**].

Thus, we behold a broad spectrum of kinds of "circumcision". Certain indigenous African, Middle Eastern, and Aboriginal tribes have historically (perhaps long before the Abrahamic ceremony of *milah* was inaugurated) executed a sometimes brutally extensive cutting of various areas of the genitals of both males and females (including savage forms of subcision) as aspects of their rites of passage into maturity. Female genital mutilation (ranging from simple removal of the clitoral hood to clitoridectomy to infibulation and even vulvectomy) persists today in places such as Egypt (despite international outrage), though not pervasive in Islamic

countries. On the other hand, Muslim circumcision of males *is* universal; however, it too (like the less prevalent female form) admits a continuum of degrees, often leaving the frenulum (the tether connecting the foreskin to the underside of the glans) intact along with a variable amount of loose shaft skin. By contrast, Judaic circumcision, ever since the rabbinical intervention of the second century, has entailed the drastic *brit periah* featuring a severely tight cut (no mobile shaft skin remaining and eradication of the frenulum). Another point of divergence between the modern Judaic and Islamic forms is the age at which they are carried out: the early days of infancy versus the years of youth (ages four to twelve), respectively. The *Jewish Encyclopedia*, in its article on Circumcision, admits that there is a specific difference between the Moslem rite (basically *milah*) and the Jewish rite (*milah* followed by *periah*)
[http://www.jewishencyclopedia.com/view.jsp?artid=514&letter=C&search=circumcision#1807#ixzz1IG15GA].

Incidentally, among most Far Eastern countries, circumcision has historically been unthinkable, with the exception of two nations experiencing contemporary American influence: South Korea and the Philippines. In the former, the American model became a status symbol after

WWII, and this social surgery is performed well before the end of the teen years. In the latter, the indigenous village rite of limited supercision (*pagtatuli*, entailing a dorsal cut and folding of skin but no removal) intermingled with full circumcision (*tuli*) after an influx of Moslem notions and the introduction of "advanced" medical techniques from the USA. But in neither nation is RMIC practiced, because both countries (though boasting large Christian populations) follow the rule of Arab lands in operating almost exclusively on youth at least a few years old when the foreskin has already started to loosen, and can often be detached and retracted from the glans without difficulty. Nevertheless, only a small minority of young men escape the impending knife in both of these extremely conformist societies (their circumcision rates exceeding 90%) under pain of a social stigma, which for Filipinos is tantamount to ostracism on account of the requirement to pass this test for determining whether a lad measures up to their criteria of masculinity.

It turns out, as shall be seen, that under the post-OT Talmudist influence, the British and American medical systems during the Victorian period adopted *periah*, which eventually became automatic surgery for neonatal males in Anglophone countries (more prevalent in the

USA, Australia, and Canada than in England itself). Amidst all the possible variations on the theme of genital cutting, henceforth when the term "circumcision" is used in the context of RMIC, it refers in a univocal sense to the complete modern (rabbinical) version of posthectomy, which is defined by the American Academy of Pediatrics as "amputation of the foreskin" – in other words, *periah*.

The Havoc Modern "Circumcision" Wreaks

Probably with the Old Testament in the back of their minds and with the pressured assurance of relatives and nurses in the forefront of their minds, naïve American parents have apparently thought (if they even reflected at all on what the doctor proposed to do to their son when he was whisked away shortly after birth) that circumcision was a trivial matter, causing no harm and little distress. Here is where the American medical establishment is implicated in objective deception of the American public, although physicians themselves have often been trapped in a deluded state of ignorance (subjectively involuntary or not) about the damage that RMIC actually inflicts. Far from merely "snipping away a little extra skin", it seriously impairs the normal functioning of a

healthy organ, which is not vestigial, optional, or superfluous. According to Dr. Paul M. Fleiss ("The Case Against Circumcision", *Mothering: The Magazine of Natural Family Living*, Winter 1997), the genitals of all mammals (both male and female) are "sheathed in a protective, responsive, multipurpose foreskin":

> Every normal human being is born with a foreskin. In females, it protects the glans of the clitoris; in males, it protects the glans of the penis. Thus, the foreskin is an essential part of human sexual anatomy. The foreskin is a uniquely specialized, sensitive, functional organ of touch. No other part of the body serves the same purpose.... The foreskin contains a rich concentration of blood vessels and nerve endings. It is lined [in males] with the peripenic muscle sheet, a smooth muscle layer with longitudinal fibers. These muscle fibers are whirled, forming a kind of sphincter that ensures optimum protection of the urinary tract from contaminants of all kinds.... The foreskin has numerous protective, sensory, and sexual functions.

Again, according to Dr. Fleiss, "The 'medical' debate about the 'potential health benefits' of circumcision rarely addresses its real effects." He goes on to describe the devastation caused by this reductive surgery. It cuts out more

than three feet of veins, arteries, and capillaries, 240 feet of nerves, and more than 20,000 nerve endings in a richly innervated network, while obliterating muscle and mucous membranes along with a large percentage of what would have been epithelial tissue in the adult male.

Furthermore, because the exposed male glans is subjected to constant abrasion, it eventually keratinizes (becomes dry and tough) and loses its primordial sensitivity. A functional disability results from circumcision, since "the amputation of so much penile skin permanently immobilizes whatever skin remains, preventing it from gliding freely over the shaft and glans. This loss of mobility destroys the mechanism by which the glans is normally stimulated," thus frustrating the natural means of facilitating smooth and gentle coitus. This factor alone can account for the huge market demand for artificial lubricants in the USA, as well as the increased need for ED drugs among circumcised older men, who seem to experience various degrees of impotence to a greater extent than uncircumcised men. Indeed, according to Dr. Christopher R. Fletcher (of Doctors Opposing Circumcision),

Circumcision is not simply a little snip, but a major and brutal surgery on the most sensitive part of a male's anatomy, with lifetime consequences for all cut boys.... I prescribe many times more Viagra, Cialis, etc. for

circumcised guys than normal men. Circumcision prevents no disease, and does not improve anyone.

Beyond the deliberate anatomical deformation and intrinsic physiological damage (a 100% complication rate), the surgery also risks the further unintended consequences of hemorrhage, infection, meatal ulceration or stenosis, glans disfigurement, gangrene, penile ablation (sometimes followed by so-called "gender reassignment" via feminizing genitoplasty), and accidental death (not to mention the later suicides of those young men tormented by "botched" circumcisions, particularly in South Africa, but also in North America, as witnessed in the appallingly tragic case of David aka Brenda-born-Bruce Reimer and his twin brother Brian).

RMIC has customarily been performed without general anesthesia due to unacceptable risks for newborns. Hence, aside from the inherent injustice in mutilation of a normal bodily organ, *periah* on babies inflicts excruciating agony, because before the prepuce is crushed with a clamp and circumferentially cut with a scalpel (painful enough in itself), the non-retractable foreskin must first be severed from the glans. This result is accomplished by using a blunt metal probe to rupture, rake around, and

tear apart the synechial bonds whereby the two skin surfaces (glans and prepuce) naturally adhere. Such a procedure (synechtomy) has been compared to the total removal of a fingernail from its underlying bed via a razor blade (see Mark Jenkins, "Separated at Birth", *Journal of Men's Health*, July/August 1998, p. 130). At this point, boys emit a distinctive characteristic scream (a panicky, breathless, gasping cry), evincing a trauma so shatteringly intense that they sometimes lapse into the silence of a numbed semi-coma (the body's defense mechanism against intolerable insult). If there were a therapeutic purpose for the operation, this physical suffering could be ethically justified by the Principle of the Double-Effect. But in the absence of a definite medical indication (curing an actual disease or remedying an injury), surgery under these circumstances is patently objectively immoral. [Chapter 5 of Ronald Goldman's second book relates the harrowing accounts of Jewish parents who were close-up eyewitnesses of what really happens to a baby boy at a *bris*. Several videos of actual circumcisions are available on YouTube for those who feel they can stomach watching even a portion of one of them: Circumcision Video (Plastibell Circumcision) by Selva3310; Plastibell circumcision by lindies 18; Circumcision by Brownyman; Medical Gallery –

Male Circumcision by medicalgallery; The Surgery: Infant Circumcision Part 1 by newbornbabycare; Circumcision Video by Nathan1097; Birth As We Know It: Circumcision by mgmbill; Neonatal Circumcision; Mother Nurse Intactivist: Gillian Longley, RN by Bonobo 3D.]

Granted that the moral evil of abortion is infinitely graver, but this truth doesn't mean that the harm of RMIC should be disparaged as a triviality. Innocent babies deserve neither killing nor cutting. And it is an additional moral monstrosity that their bodily organs (many parts in abortion, the foreskin in circumcision) are harvested and sold to biotech companies who profit from them by developing products for consumers, thus exploiting babies as mere objects of use in a mayhem and money madness.

The Judgment of Scripture and the Magisterium

In Galatians 5, St. Paul denounces the continued practice of circumcision from a New Covenant salvation perspective, rather than condemning it as objectionable under the natural moral law; indeed, he must have been alluding to *brit milah*, for he himself saw fit to make an

exception by having the token rite enacted on Timothy (Acts 16:3). It is possible, though, that in Philippians 3:2 he is prophetically warning about the coming of an equivocal version of circumcision that was never even temporarily sanctioned by God, when he cries out: "Beware the dogs, beware the evil-doers, beware the mutilation [*katatomen* rather than the usual *peritomen* in the Greek, or "concision" rather than "circumcision" in the D-R translation of the Vulgate]." If so, then the "dogs" or "evil-doers" would be the rabbis who introduced the "mutilation" of *periah*. At any rate, in a General Audience (January 31, 2007), Pope Benedict XVI summed up the scriptural verdict:

> Together with Paul, he [St. Barnabas] then went to the so-called Council of Jerusalem where after a profound examination of the question, the Apostles with the Elders decided to discontinue the practice of circumcision so that it was no longer a feature of the Christian identity (cf. Acts 15: 1-35). It was only in this way that, in the end, they officially made possible the Church of the Gentiles, a Church without circumcision.

There exist at least two earlier Magisterial pronouncements against circumcision on religious grounds. First, the General Council of Vienna (1311) declared that "Christians may not be enticed into Judaism; neither may they be

circumcised for any reason." Second, at the Council of Florence (1438-1445), Pope Eugene IV signed the bull *Cantate Domino* (1441-1442), which admonished:

> All, therefore, who after that time [the promulgation of the Gospel] observe circumcision and the Sabbath and the other requirements of the [Mosaic] law, it [the Holy Roman Church] declares alien to the Christian faith and not in the least fit to participate in eternal salvation, unless some day they recover from these errors. Therefore, it commands all who glory in the name of Christian, at whatever time, before or after baptism, to cease entirely from circumcision, since, whether or not one places hope in it, it cannot be observed at all without the loss of eternal salvation. (Denzinger 712)

The Church has also issued anathemas on ethical grounds. In the context of castration (to which many parents had subjected their sons to maintain their soprano voices), Pope Benedict XIV (1740-58) declared in *De Synodo dioecesana* that "the amputation of any part of the human body is never legal, except when the entire body cannot be saved from destruction by any other method." The *Catechism of the Catholic Church* repeats this teaching in n. 2297: "Except when performed for strictly therapeutic medical

reasons, directly intended amputations, mutilations and sterilizations performed on innocent persons are against the moral law." The U.S. Conference of Catholic Bishops, in *Ethical and Religious Directives for Catholic Health Care Services* (Fifth Edition, 2009), echoes Pope Benedict XIV and the *CCC* in enunciating the "principle of totality":

> All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.... The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology.

It is reported that Pope Pius XII explicitly applied this general principle to posthectomy in an October 1952 radio address (*Discorsi e messaggi radiodiffusi*, t. XIV, Rome, s. 328-329): "From a moral point of view, circumcision is permissible if, in accordance with therapeutic principles, it prevents a disease that cannot be countered in any other way." An internet search of the Vatican archives, however, reveals that pages are missing where this address should be inserted.

The Church Fathers, as well, reprobated circumcision from both religious and ethical

perspectives. For example, St. Ambrose (who lived and wrote after the introduction of *periah*) averred on foundational grounds: "Nature has created nothing imperfect in man, nor has she bade it be removed as unnecessary." [Quoted in Paul M. Fleiss and Frederick M. Hodges, *What Your Doctor May NOT Tell You About Circumcision* (Warner Books: 2002), p. 100.] St. Ambrose's insight is intuitively true. Since the human prepuce is universally present ("boys and girls insist on being born with one, no matter how often surgeons lop it off," as one doctor sarcastically remarks), *a priori* God must have fashioned it for very good reasons (see Genesis 1:31, Wisdom 11:24). In stark contrast to Ambrose's observation, however, rabbinical Midrash commentary on Genesis 17:1, in which God tells Abram "Walk before Me and be perfect," interprets God's exhortation in light of vv. 9-14 as "Your only blemish is your foreskin, remove it and you will be perfect," thus insinuating the metaphysical contradiction that God's consummately beautiful material creation is originally marred by a fundamental physical (biological) flaw. Cosmic logic thus vanishes when the panoramic human realm of both spirit and flesh is subordinated under the all-encompassing lens of a legal norm destined for abrogation.

The twelfth-century physician-philosopher-theologian Moses Maimonides attempted to make

some theoretical sense of the Talmudic reading of Genesis 17 by distinguishing between the undeniable ontological perfection of God's creation and the low moral estate of man after the Fall:

With regard to circumcision, one of the reasons for it is, in my opinion, the wish to bring about a decrease in sexual intercourse and a weakening of the organ in question, so that this activity be diminished and the organ be in as quiet a state as possible… In fact this commandment has not been prescribed with a view to perfecting what is defective congenitally, but to perfecting what is defective morally. The bodily pain caused to that member is the real purpose of circumcision. None of the activities necessary for the preservation of the individual is harmed thereby, nor is procreation rendered impossible, but violent concupiscence and lust that goes beyond what is needed are diminished. The fact that circumcision weakens the faculty of sexual excitement and sometimes perhaps diminishes the pleasure is indubitable. For if at birth this member has been made to bleed and has had its covering taken away from it, it must indubitably be weakened.
[*The Guide of the Perplexed*, trans. Shlomo Pines, III, Ch. 49; www.cirp.org//librarycultural/maimonides]

What Rabbi Maimonides wrote here anticipated by seven centuries the advent of similar thought in the Victorian era.

Victorian Medical Campaign for Mass Circumcision

Prior to the late nineteenth century and the eventual acceptance of microorganisms as a chief cause of pathology (the so-called "Germ Theory"), the etiology of nearly all diseases was mysterious and there were few medical cures once an illness had taken hold. Robert Darby details how various theories were formulated in a desperate attempt to understand and resolve intractable human bodily misery. Two of the most favored theories of disease were the "Nervous Reflex Theory" and "Zymotic Theory". The former contended that "irritation" in one part of the body could be transmitted by the nervous system and cause symptoms in another location. The latter viewed disease states as the product of a decomposition of organic matter – a process guaranteed (or at least abetted) by the presence of dirt or "filth". Before the era of modern pharmaceuticals such as antibiotics, there were basically only two remedies for major physical ailments (however they were envisioned): prevention or surgery. After the middle of the nineteenth century, improved surgical methods featuring aseptic procedures and efficacious antisepsis (along with anesthesia) were developed, thus making submission to surgery safer than it had ever been. Around the same

time, a social movement emphasizing the preventive values of hygienic measures arose.

Nervous Reflex Theory was championed by Dr. Lewis Sayre, a leading American orthopedic surgeon, who in 1870 serendipitously discovered that he could free some boys of neuromuscular paralysis by relieving them of tight, inflamed foreskins through partial foreskin removal. In the wake of his acclaimed successes, many of his colleagues, eager to deploy their surgical skills in a new medical frontier, started performing the operation of complete circumcision, which was being touted as curative or preventive of a litany of afflictions (both physical and moral) stemming ultimately from "irritation" (for example, epilepsy, asthma, migraines, hernia, enuresis, constipation, masturbation). Sayre vehemently protested, objecting that what they were engaging in was actually "mutilation".

On another front connected to Zymotic Theory, the upper and middle Victorian classes of England and the US became deathly afraid of falling victim to environmental contamination by the squalid conditions of the unwashed lower caste. A small army of physicians, in concert with lay leaders of organizations dedicated to the propagation of sanitary virtues (both physical and

moral), rose up to defeat (or at least tame) the long-standing fearsome domain of "filth diseases". Observing that Jewish people seemed to be less susceptible to certain serious maladies and to lead more morally wholesome lives than typical Gentile folk, a number of Gentile physicians in the public eye (particularly Jonathan Hutchinson in England and Peter Remondino in the US) held the Jews up as models for emulation. What was the reason for their relatively better health? The mainstream medical consensus concluded that their blessed fortune was not a fortuitous happenstance; rather (as Leonard Glick explains), it was due to their adherence to the rules prescribed by the "Great Sanitarian" and "Proto-Physician" – Moses himself. Now, one of the major features demarcating them from the Gentiles was circumcision. Since there was already a grave suspicion that the preputial cavity served as a harbor of putrefaction (its secretions fueling a malodorous "cesspool of filth"), the recognition of the circumcised Jew's comparative immunity from many illnesses fit perfectly with the medical profession's drive to increase the availability of surgery (for the well-to-do who could afford their fees).

There was now a plausible path to extolling the marvels of *prophylactic* (no longer merely

therapeutic) genital surgery. Cutting a normal healthy organ to forestall possible future troubles was "unprecedented" in the annals of Western medicine according to David Gollaher (p. 82). Despite Sayre's admonition to perform only the most conservatively necessary operation, though, the Victorian medical community wound up imitating the radical Jewish version (*periah*). As Glick writes (p. 165),

> Many physicians, however, were guided neither by Sayre's warnings about "mutilation" nor by what the biblical Moses supposedly ordered, but by what they learned about circumcision from Jewish practice. And the implication that a ritually proper *Jewish* circumcision need result in very little tissue loss was simply untrue. It was not "the Mosaic code" that directed the actions of mohels but the long-established rabbinic regulation demanding *complete* foreskin removal. [emphasis in original text]

The problem next was that the large majority of men recoiled from the very idea of this extensive and painful invasion of their most intimately private region, no matter how well advertised the panacea. A few, frightened by books that continued to be published throughout the century about the physical and moral perils of spermatorrhea, phimosis, and venereal disease (literature whose history is another lengthy tale in itself), were readily persuaded to betake themselves to a doctor's surgical ward for a

complete circumcision or an interior cauterization treatment. But such men were in the minority. Thus, in order to ensure widespread promulgation of their new pre-emptive surgery, the Victorian doctors had to locate a more cooperative cohort. According to Gollaher (p. 100), "The ultimate popularity of circumcision depended not on convincing normal men to undergo the ordeal of surgery, but on targeting a group of patients who could not object. From the mid-1880s onward, physicians and at their behest, parents, came to suppose that the theory and practice of circumcision applied most ideally to infants." Soon the foreskins of male neonates were frowned upon as "extravagant" or "luxuriant" and therefore "redundant", thus routinely slated for extermination. Hence, it was the propagandizing campaign of the medical establishment that foisted RMIC in the late nineteenth century on the gullible American and British public (the latter repudiating it shortly after 1949 when a landmark paper by Dr. Douglas Gairdner, titled "The Fate of the Foreskin: A Study of Circumcision", which refuted the congenital phimosis myth and other fallacies, was published in the *British Medical Journal*).

Many leading American and British physicians (both Jewish and Gentile) joined the mass circumcision movement of the mid-

nineteenth to the mid-twentieth century (which in the US stubbornly persisted into the early twenty-first century). Catholics did not count themselves among their founding number, since such mutilating surgery was contrary to Catholic tradition everywhere – including the USA prior to the assimilation of US Catholics to the American regime. Although there was certainly opposition in both countries to RMIC among doctors of both Jewish and Gentile ethnicity, the opponents did not prevail – at least not in the US. Glick (p. 183) makes the disclaimer that Jewish names (such as Montefiore Moses, Abraham Jacobi, Abraham Wolbarst, Abraham Ravich, Allan Guttmacher, and in more recent decades Aaron Fink, Gerald Weiss, and Edgar Schoen) figure preponderantly in the discussion, not because of an arbitrary decision on his part to focus on them (Glick is Jewish himself), but rather "because Jewish physicians have been disproportionately prominent in circumcision advocacy". Of course, as immigrant newcomers, the pioneers among them would never have been given a forum had it not been for the numerous Victorian Gentiles who were perhaps already biased in favor of Old Law prescriptions from the heritage of their Puritan forefathers. The chief Gentile advocates of widespread circumcision included British and American doctors such as Athol Johnson, Edward

Dixon, J. Cooper Forster, T. B. Curling, James Copland, E. J. Spratling, M. Clifford, E. Harding Freeland, John Bland-Sutton, Norman Chapman, Jonathan Hutchinson, John Harvey Kellogg, the notorious Peter C. Remondino (a Protestant Italian-American), William J. Robinson, and in more recent decades Thomas Wiswell.

If the exact recommendations of these Victorian crusaders (and the reasons why they made them) were simply recapitulated for the benefit of the average contemporary reader, they would undoubtedly be met with disbelief or at best an indifferent shrug, as though the writer were exaggerating or even fabricating lurid prose. Hence, to avoid a reaction of incredulity and to capture the actual zeitgeist of the Victorian period that brought nearly uniform disfigurement to the men of the USA through debilitating rabbinical surgery, it is best to let some of their main representatives speak for themselves in their own words (sample excerpts, arranged in chronological order, are taken from www.sexuallymutilatedchild.org/shorthis.htm and www.noharmm.org/docswords.htm):

In cases of masturbation we must, I believe, break the habit by inducing such a condition of the parts as will cause too much local suffering to allow of

the practice being continued. For this purpose, if the prepuce is long, we may circumcise the male patient with present and probably with future advantage; the operation, too, should *not* be performed under chloroform, so that the pain experienced may be associated with the habit we wish to eradicate. [Athol A. W. Johnson, "On An Injurious Habit Occasionally Met with in Infancy and Early Childhood", *The Lancet*, vol. 1 (7 April 1860): pp. 344-345.]

I refer to masturbation as one of the effects of a long prepuce; not that this vice is entirely absent in those who have undergone circumcision, though I never saw an instance in a Jewish child of very tender years, except as the result of association with children whose covered glans have naturally impelled them to the habit. [M. J. Moses, "The Value of Circumcision as a Hygienic and Therapeutic Measure", *NY Medical Journal*, vol. 14 (1871): pp. 368-374.]

A remedy [for masturbation] which is almost always successful in small boys is circumcision. The operation should be performed by a surgeon without administering an anesthetic, as the pain attending the operation will have a salutary effect upon the mind, especially if it be connected with the idea of punishment. [John Harvey Kellogg,

"Treatment for Self-Abuse and Its Effects", *Plain Facts for Old and Young*, P. Segner & Co. (1888), p. 295.]

In consequence of circumcision the epithelial covering of the glans becomes dry, hard, less liable to excoriation and inflammation, and less pervious to venereal viruses. The sensitivity of the glans is diminished, but not sufficiently to interfere with the copulative function of the organ or to constitute an objection ... It is well authenticated that the foreskin ... is a fruitful cause of the habit of masturbation in children ... I conclude that the foreskin is detrimental to health, and that circumcision is a wise measure of hygiene. [Jefferson C. Crossland, "The Hygiene of Circumcision", *NY Medical Journal*, vol. 53 (1891): pp. 484-485.]

Measures more radical than circumcision would, if public opinion permitted their adoption, be a true kindness to many patients of both sexes. [Jonathan Hutchinson, "On Circumcision as Preventive of Masturbation", *Archives of Surgery*, vol. 2 (1891): pp. 267-268.]

Circumcised boys may, in individual cases … be found to practice onanism, but in general the practice can be asserted as being very rare among the children of circumcised races … neither in

infancy are they liable to priapism during sleep as those that are uncircumcised. [Peter C. Remondino, *History of Circumcision from the Earliest Times to the Present: Moral and Physical Reasons for Its Performance*, F. A. Davis (1891), p. 224.]

In all cases of masturbation circumcision is undoubtedly the physicians' closest friend and ally ... To obtain the best results one must cut away enough skin and mucous membrane to rather put it on the stretch when erections come later. There must be no play in the skin after the wound has thoroughly healed, but it must fit tightly over the penis, for should there be any play the patient will be found to readily resume his practice, not begrudging the time and extra energy required to produce the orgasm. It is true, however, that the longer it takes to have an orgasm, the less frequently it will be attempted, consequently the greater the benefit gained ... The younger the patient operated upon the more pronounced the benefit… [E. J. Spratling, "Masturbation in the Adult", *Medical Record*, vol. 24 (1895): pp. 442-443.]

The prepuce is an important factor in the production of phthisis [tuberculosis]. This can be proven by the immunity of the Jewish race from

tubercular affections. [S. G. A. Brown, "A Plea for Circumcision", *Medical World*, vol. 15 (1897): pp. 124-125.]

Finally, circumcision probably tends to increase the power of sexual control. The only physiological advantage which the prepuce can be supposed to confer is that of maintaining the penis in a condition susceptible to more acute sensation than would otherwise exist. It may increase the pleasure of coition and the impulse to it: but these are advantages which in the present state of society can well be spared. If in their loss, increase in sexual control should result, one should be thankful. [Jonathan Hutchinson, Editor, "A Plea for Circumcision", *Medical News*, vol. 77 (1900): pp. 707-708.]

It has been urged as an argument against the universal adoption of circumcision that the removal of the protective covering of the glans tends to dull the sensitivity of that exquisitely sensitive structure and thereby diminishes sexual appetite and the pleasurable effects of coitus. Granted that this be true, my answer is that, whatever may have been the case in days gone by, sensuality in our time needs neither whip nor spur, but would be all the better for a little more judicious use of curb and bearing-rein. [E.

Harding Freeland, "Circumcision as a Preventive of Syphilis and Other Disorders", *The Lancet*, vol. 2 (29 Dec. 1900): pp. 1869-1871.]

Another advantage of circumcision ... is the lessened liability to masturbation. A long foreskin is irritating per se, as it necessitates more manipulation of the parts in bathing ... This leads the child to handle the parts, and as a rule, pleasurable sensations are elicited from the extremely sensitive mucous membrane, with resultant manipulation and masturbation. The exposure of the glans penis following circumcision ... lessens the sensitiveness of the organ ... It therefore lies with the physician, the family adviser in affairs hygienic and medical, to urge its acceptance. [Ernest G. Mark, "Circumcision", *American Practitioner and News*, vol. 31 (1901): pp. 121-126.]

Frequent micturition, loss of flesh, convulsions, phosphatic calculus, hernia, nervous exhaustion, dyspepsia, diarrhea, prolapse of rectum, balanitis, acute phimosis and masturbation are all conditions induced by the constricted long prepuce, and all to be rapidly remedied by the simple operation of circumcision. [H. G. H. Naylor, "A Plea for Early Circumcision", *Pediatrics*, vol. 12 (1901): p. 231.]

Circumcision promotes cleanliness, prevents disease, and by reducing oversensitiveness of the parts tends to relieve sexual irritability, thus correcting any tendency which may exist to improper manipulations of the genital organs and the consequent acquirement of evil sexual habits, such as masturbation. [Lydston G. Frank, *Sex Hygiene for the Male*, Chicago: Riverton Press, 1912.]

It is generally accepted that irritation derived from a tight prepuce may be followed by nervous phenomena, among these being convulsions and epilepsy. It is therefore not at all improbable that in many infants who die in convulsions the real cause of death is a long or tight prepuce. The foreskin is a frequent factor in the causation of masturbation ... Circumcision offers a diminished tendency to masturbation, nocturnal pollutions, convulsions and other nervous results of local irritation. It is the moral duty of every physician to encourage circumcision in the young. [Abraham L. Wolbarst, "Universal Circumcision", *Journal of the American Medical Association*, vol. 62 (1914): pp. 92-97.]

The prepuce is one of the great factors in causing masturbation in boys. Here is the dilemma we are in: If we do not teach the growing boy to pull the

prepuce back and cleanse the glans there is the danger of smegma collecting and of adhesions and ulcerations forming, which in their turn will cause irritation likely to lead to masturbation. If we do teach the boy to pull the prepuce back and cleanse his glans, that handling alone is sufficient gradually and almost without the boy's knowledge to initiate him into the habit of masturbation ... Therefore, off with the prepuce! [William J. Robinson, "Circumcision and Masturbation", *Medical World*, vol. 33 (1915): p. 390.]

Circumcision is an excellent thing to do; it helps to prevent hernia due to straining, and later it helps in preventing masturbation. The ordinary schoolboy is not taught to keep himself clean, and if he is taught he thinks too much about the matter. [I. Solomons, "For and Against Circumcision", *British Medical Journal*, 5 June 1920, p. 768.]

I suggest that all male children should be circumcised. This is "against nature", but that is exactly the reason why it should be done. Nature intends that the adolescent male shall copulate as often and as promiscuously as possible, and to that end covers the sensitive glans so that it shall be ever ready to receive stimuli. Civilization, on

the contrary, requires chastity, and the glans of the circumcised rapidly assumes a leathery texture less sensitive than skin. Thus the adolescent has his attention drawn to his penis much less often. I am convinced that masturbation is much less common in the circumcised. With these considerations in view it does not seem apt to argue that "God knows best how to make little boys." [R. W. Cockshut, "Circumcision", *British Medical Journal*, vol. 2 (1935): p. 764.]

[Routine Circumcision] does not necessitate handling of the penis by the child himself and therefore does not focus the male's attention on his own genitals. Masturbation is considered less likely. [Alan F. Guttmacher, "Should the Baby Be Circumcised?", *Parents Magazine*, vol. 16 (1941): pp. 26, 76-78.]

Despite their laudable goal of promoting male continence, in advocating the employment of reductive sexual surgery in childhood for moral reasons these physicians were acting as self-appointed quasi-divine arbiters for the concrete application of the moral law and serving as executioners for those who through infantile weakness failed to abide by it. In effect, but maybe without consciousness of it, they adopted

an excessively literal-minded perspective on the passage from the Gospel (Matthew 5:30) about which Catholic tradition has censured Origen for his misinterpretation (see Thomas Aquinas, *Summa Theologiae*, II-II, Q. 65, A. 1). But at least Origen did not mutilate anyone other than himself. Lacking the healing remedies of the Sacraments of the Catholic Church, the Protestant and Jewish medical-moral crusaders merged Genesis 17 with Matthew 5 and literally took matters into their own knife-wielding hands. The foreskin had been "demonized" (in Darby's memorable characterization) – and *they* were the exorcists.

Unfortunately, this censorious Victorian attitude eventually crept into American Catholic thinking and the life of the local Church, especially at orphanages and hospitals. In the book *Doctors Re-examine Circumcision* by Thomas Ritter and George Denniston, one of the authors (apparently Dr. Ritter in Chapter 22) recalls how "an old nun who resided in a nearby boys' orphanage dragged two forlorn little boys into my office. These two young rascals were unlucky enough to be caught 'abusing themselves'. The nun was intent upon remedial action and she asked me to circumcise the culprits. Foolishly, I complied.... This not-so-sexually-naïve old nun knew enough about

human sexuality to realize that the foreskin facilitates sexual dalliance. But she assumed (wrongly) that the procedure would curtail the boys' sexual activities." The curious thing is that this elderly guardian nun sought medical attention from a surgeon instead of spiritual direction from a priest or counseling from a psychologist, thereby manifesting the degree to which Protestant and Jewish reliance on mechanist-materialist solutions had infiltrated Catholic praxis.

At any rate, what has been called the Victorian "masturbation hysteria" gradually subsided, only to leave in its wake the same subtractive surgery, now touted for a variety of other reasons -- some of them invoked in the nineteenth century, but all of them subsequently painted with an equally terrifying demeanor, such as the dreaded AIDS. Each time anti-circumcision activists succeeded in disproving some purported benefit, the circumcision proponents conjured up a new study claiming to show its prophylactic value, usually against some kind of cancer – whether cervical or penile or prostate. Statistical analysis of the incidences of these cancers in circumcising and non-circumcising countries, however, has displayed no positive correlation; indeed, Drs. V. F. Marshall and William K. Morgan have noted that

a surgeon would have to spend all of his professional time for many career years performing only circumcisions in order to register statistically the prevention of just one case of penile cancer in an elderly man. As far as AIDS goes, the USA has one of the highest rates among the developed nations of the world while still boasting the highest circumcision rate in the West. Anyway, signing up foreskins as candidates for surgery seems an irrelevant and otiose response to a disease like AIDS, which is related to aberrant social and personal lifestyle factors. Along with AIDS and genital cancers, infant urinary tract infection has in recent decades been proposed as one of the appropriate diseases for which the cure of circumcision has long been in search. But RMIC for UTIs has been shown to be an absurd prophylaxis, considering that circumcised boys have only a slight statistical advantage over intact boys, that the ailment is now easily cured by the less drastic means of antibiotics, and that baby girls are much more susceptible to UTIs than any of the two male groups (yet no one suggests cutting away a part of *their* genital structure).

Moreover, it is a mythic misconception that circumcision is conducive to better hygiene. Precisely the contrary for infant boys. In fact, because the male glans and urethral meatus are

externalized upon privation of the protective foreskin via circumcision, they undergo prolonged contact with toxic diaper wastes, leaving the urinary tract vulnerable to invasion by bacterial and viral pathogens. For older males, the minor inconvenience of daily washing is a more conservative substitute for automatic neonatal surgery to achieve cleanliness. Regarding a white emollient substance produced inside the preputial space of all mammals, Dr. Fleiss asserts: "Smegma is clean, not dirty, and is beneficial and necessary. It moisturizes the glans and keeps it smooth, soft, and supple. Its antibacterial and antiviral properties keep the penis clean and healthy."

One of the most inane (but very common) reasons for RMIC, once endorsed by Dr. Benjamin Spock before his anti-circumcision conversion, no longer makes cultural sense anyway. With the recent decline in the US circumcision rate, American parents cannot use anymore the excuse that their son must be cut in order to resemble the other boys in the locker room, lest he be taunted. In fact, not only are many male babies now being left intact, but the social opportunities no longer exist for casually determining who is cut and who is not. Ever since the YMCA became more family-oriented ("going co-ed" in the late 1970s), public high

schools across the country have been eliminating mandatory communal showers, with students (even athletes) waiting until they arrive home to shower. [*The Oregonian*, Dec. 2, 2007] Also, many spas and sports clubs have been installing booths with closable curtains in place of the formerly open shower-head spots in men's locker room areas. This refurbishing could be a reaction, on the part of the baby-boomers now in administrative control, against the coerced nakedness of prepubescent and adolescent males in gym class locker rooms and YMCA swimming facilities prior to the 1980s. Indeed, there is evidently some residual resentment about a double-standard that formerly reigned at the Y: boys, forced to swim nude under the pretext of clogging drains via their swim-trunk lint, were subjected to potentially embarrassing situations, when by contrast girls were actually *required* to wear swimsuits at similar pools of the YWCA. Or this privacy obsession could be due to young men's uneasy awareness about out-of-the-closet homosexuality. Whatever the reason for the reticence, the bottom-line is that the current younger generation, unaccustomed to same-gender group nudity, views it as "weird" and even indecent to participate in activities involving it. Within the West, this resurgence of prudery (anxiety about something formerly regarded as

innocent in itself) is a phenomenon apparently confined to the USA, now ensconced in a neo-Victorianism about which even our Northern Neighbors chuckle – never mind the liberal Europeans who frequent mixed-gender nude beaches. Unfortunately, this exaggerated concern among youth in the US, for modest preservation of personal space even among same-gender peers, probably does not translate into a reduction of private internet viewing of pornography – entertainment that reportedly was a temptation for earlier Victorians as well. There is always the danger of a backlash repercussion from neurotic repression.

But perhaps these young American men, the majority of whom were cut prior to 2006, feel violated by being skinned, yet can't verbally express the ashamed emotions percolating within their subconscious body-memory. (Goldman's first book is devoted to the theme of the "hidden trauma", and corresponding overt social impact, of RMIC.) *A priori*, why wouldn't the loss of a normal masculine body part play a role in a pervasive sense of diminished self-esteem? Paradoxically, some men may be drawn even more to pornography and deviant adventurism in order to compensate by external stimulation for the natural internal sensitivity that *periah* despoiled them of [C. Cold and J. Taylor, "The Prepuce", *British Journal of Urology*, Jan. 1999].

Many critics have wondered why the USA, among all the nominally Christian nations of the West, is marred by an epidemic of violence. Since violence is an explosion of anger, there is, at the very least, an undercurrent of rage that is simmering inside many American men (and Muslim immigrants with their own litany of resentments). To what could it be due? A speculative clue might be found in a decades-old policy of the armed services, some of whose branches would regularly authorize doctors to enter barracks to conduct humiliating "short-arm inspections" and to order immediate circumcisions under penalty of court-martial for non-compliant servicemen who insisted on remaining intact. This disciplinary measure of "cutting them down to size" (or at least scaling them back a dimensional notch or two to inculcate docility) suggests an association (if not a causal link) between modern American militarism and modern American circumcision. Though temperamentally isolationist in the earlier years of the Republic prior to the juggernaut of the circumcision frenzy in the early twentieth century, contemporary America has become a war-mongering empire, heavily entangled in alliances with, and embroiled in battles against, other circumcising nations in the Middle East (Muslim and Jewish). Could all these parties be

constantly on edge, ever ready to erupt into furious combat, because they are unknowingly irate about something physically and psychologically traumatizing that was done to them without their consent as children – an abusive deed that they feel compelled to re-enact on a global scale? This cannot be discounted as at least a contributing factor to anger. In fact, there are now tens of thousands of adult American men (from 18 to 80) who are so irate at the damage inflicted on them as children without their consent that they have joined foreskin restoration groups, with some lawsuits potentially in the works against still-living physicians before statutes of limitation have expired.

Attempts to ban the practice of mutilation by complete circumcision in even one city of the country (San Francisco) have proved unsuccessful despite some popular support for its abolition. Advocates of this measure argue that the continued legality of posthectomy is inconsistent with equal protection under the law regardless of gender, since the genital cutting of female children has been forbidden by US Federal law since the 1990s. But such arguments run aground on the reef of a tendentious interpretation of "religious freedom", because it is taken for granted that Jews must be permitted to carry out this radical surgery, despite the fact

that the original Judaic ritual never prescribed *periah*, but only the token cut of *milah*. As evidence of this thorny situation, a ruling by a German court (announced in late June 2012) engendered an eruption of outraged criticism (by Jewish and Muslim groups) on the grounds that the decision violates their religious liberty. ["Regional Court Ruling Criminalizes Circumcision of Young Boys", http://www.loc.gov/lawweb/servlet/lloc_news?disp3_l205403226_text; http://jurist.org/paperchase/2012/06/germany-court-criminalizes-circumcision-of-minors.php] But religious liberty could certainly still be preserved by a compromise that countenances symbolic excision of flesh in accordance with the Old Covenant while requiring that baby boys be defended (as girls are) from an inherently damaging non-therapeutic surgical intervention with potentially disastrous consequences for the health and life of the male infant. The fact that it appears hopeless that this victory for genital integrity would ever happen in the US bears witness to the enormous influence of a minority group that everyone feels compelled to avoid offending at all costs.

And then there is the issue of profit. In private correspondence with this author in December 2012 regarding the controversial circumcision policy statement issued by the American Academy of Pediatrics in August 2012, Petrina Fadel (director of Catholics Against Circumcision) explained that this "widely

criticized" statement "did not recommend circumcision, but said the benefits outweigh the risk (based on flawed African studies) and concluded that parents should decide." She went on to observe that the Task Force was comprised of doctors (some Jewish) who had already exhibited a high degree of bias in favor of parental choice for RMIC, including Dr. Andrew Freedman, "who circumcised his own son for religious reasons". She claims that the AAP refuses to answer her repeated questions about the identity of the paid consultant who advised the AAP in their report. Fadel has written a more detailed critique of the AAP policy statement elsewhere, elaborating on its innumerable deficiencies and errors [http://www.drmomma.org/2012/08/aap-circumcision-policy-statement.html].

The group Doctors Opposing Circumcision has also published an extensive commentary criticizing the AAP report for a variety of flaws, leveling against its authors some serious accusations of financial conflicts of interest [http://www.doctorsopposingcircumcision.org/pdf/2012-08-26A_Commentary.pdf].

Indeed, RMIC has been a lucrative source of extra income for many ob-gyns over the years in this country, not to mention the financial benefits reaped by biotech companies who, with the cooperation of hospitals, expropriate valuable

foreskin material for incorporation into their cosmetics and other products (with no compensation to the donor or his parents). [http://www.foreskin.org/f4sale.htm; http://www.norm-uk.org/where_do_foreskins_go.html]. There is no incentive to cease such culturally accepted mutilating surgery when large sums of money are at stake anyway.

Finally, a committee of 38 European physicians has published an article in *Pediatrics* (official journal of American Academy of Pediatrics) in early 2013 rebutting all the claims of the 2012 AAP circumcision task force, accusing the latter group of a blatant American cultural bias unfounded on sound anatomical, physiological, and medical grounds.

And what about the proportionally higher divorce rate in the USA? The fact that the majority of married men are maimed means that they are simply (without any fault of their own) erotically handicapped, unable to bond intimately with their wives in the *fully* natural and satisfying way (for both spouses) that the Creator wondrously designed. Moses Maimonides appreciated this problem when he wrote that women find coitus more fulfilling with an intact man: "It is hard for a woman with whom an uncircumcised man has had sexual intercourse to separate from him." Undoubtedly other factors

are at work in the sky-rocketing US divorce rate, but it certainly doesn't help marriages when there are incipient sexual disruptions severe enough to enlist the eventual services of a pharmacist (as indicated in the previous quotation of Dr. Christopher Fletcher). It is ironic that the Victorian crusade to stamp out solitary vice and enhance conjugal love turned out, in the end, to be detrimental to marriage. This seems to be the sort of unintended consequence that can result when intrinsically evil means are commandeered to bring about a lofty purpose.

Thus, not only is the foreign and military policy of the US government being held hostage by outside domination from factions fighting in the Mideast. American society itself is suffering from rampant sexual disturbance – i.e., physical dysfunction along with moral licentiousness. Most American males have been forced to wear a vandalized uniform, shorn of some standard regalia with which they were equipped at birth. If not actually rump-stamped "Made in the Mideast", nevertheless the typical American man has a Jewish (or at least Islamic) body, since he is "marked in the flesh" (to quote Leonard Glick) with a rabbinical seal of approval – which is to say, certified as sporting a kosher pickle according to the post-OT rabbinical paradigm. This American predicament (a "pickle" of

another but related sort) could never have occurred had the rabbis not taken the Old Covenant rite of *milah* to an extreme, illogical level of distortion. In fact, they would have "ceased entirely from circumcision" (to quote Pope Eugene IV) if they had listened to St. Paul (see Acts 21:21) and St. Peter (Acts 15:10), accepting the sweet yoke of Christ in place of "the burden that neither our fathers nor we have been able to bear".

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The "Circumcision" Decision: A Catholic Critique

Have you ever wondered about the bias in favor of the non-therapeutic operation called 'circumcision' that is routinely performed on newborn boys in the UnIted States of America but hardly anywhere else? Do you know how this cultural fad began? Have you thought about whether such elective surgery on a non-consenting minor is ethical? This book by a college professor of philosophy and logic provides answers to these questions and more, in light of principles of the natural moral law from a traditional Christian perspective.

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